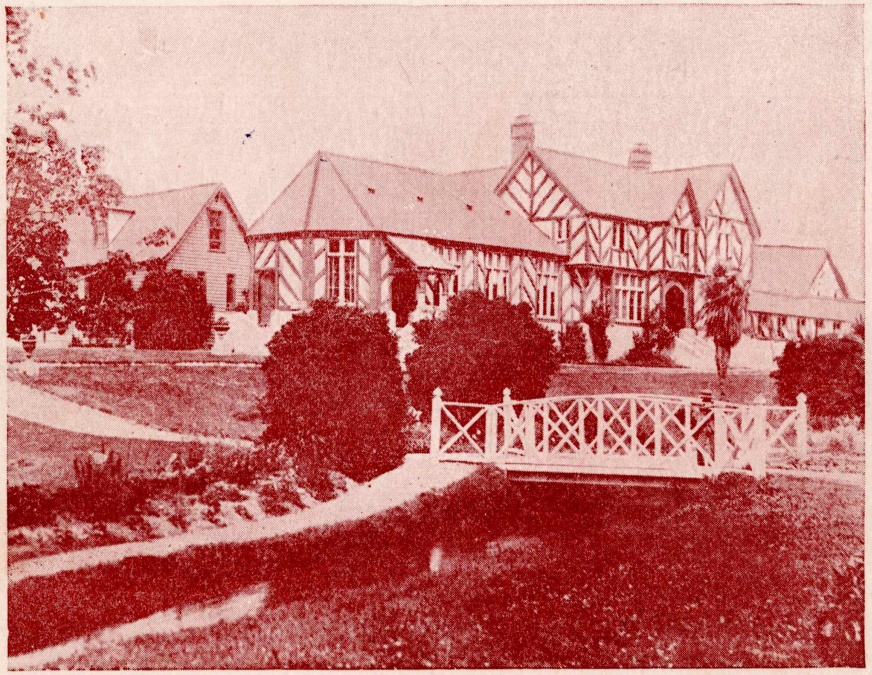
MY STORY

Memoirs of a New Zealand Nurse



CHRISTCHURCH HOSPITAL, 1911

By MARY LAMBIE, C.B.E.

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THE AUTHOR, 1955.

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MY STORY: MEMOIRS OF A NEW ZEALAND NURSE

MY STORY

Memoirs of a New Zealand Nurse

by

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With a foreword by

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FOREWORD

IT IS MY PRIVILEGE TO WRITE THE FOREWORD TO THIS BOOK OF MEMOIRS by Miss Mary Lambie, formerly Director, Division of Nursing in the New Zealand Department of Health. The book deals with a period of active development in the public health field in New Zealand during which the emphasis was increasingly on personal hygiene rather than on environmental sanitation, on education rather than on compulsion, on prevention rather than on cure. It is written by a leader in the nursing world who has played a prominent part in the matters of which she writes and who is almost as well known internationally as in her own country.

Miss Lambie first made her name as Nurse Instructor in the newly established Post Graduate School for Nurses. Her great opportunity came however when in 1931 she became Director, Division of Nursing. She followed a succession of able and devoted women in the persons of Mrs Grace Neill, Miss Hester Maclean and Miss Jessie Bicknell. She not only extended—at times well nigh beyond recognition—their traditional work for the supervision of hospitals, both public and private, and for the promotion of the health, welfare and better technical training of nurses and midwives but also built up a highly efficient generalized public health nursing service. This perhaps can be regarded as her own special contribution in the New Zealand nursing field. The team of keen well-trained nurses brought badly needed medical aid to people living in remote areas and played a large part in the saving of lives of mothers and infants and in the control of infections such as typhoid fever, diphtheria and tuberculosis. During this stage of her professional career Miss Lambie also showed that she was already interested in a wider field than New Zealand and was instrumental in building up a unified nursing service for some of the Island Groups in the South Pacific which was staffed by New Zealand nurses under her own general direction and supervision.

Miss Lambie's wide experience, sound judgment and tireless energy were given full rein during the war years when she handled with conspicuous success the many tasks which fell to her lot. This was a period of rapid development in our hospital system. Among matters for which Miss Lambie can be given the credit were schemes for the recruitment and training of auxiliary nursing staff and for the provision of occupational therapy departments in our principal hospitals.

In the post-war years Miss Lambie was called upon for advice and assistance by the World Health Organization and by other international bodies concerned with the training and welfare of nurses. It is not too much to say that the high reputation New Zealand nurses enjoy overseas is in no small measure due to Miss Lambie's own standing in the profession.

Altogether the book is one which should appeal to a wide public. It will be read with particular interest by all nurses. It should prove a source of inspiration to those who propose to take up nursing as a career.

As Director General of Health during a great part of the period of which Miss Lambie writes I may perhaps be permitted to close on a personal note. Miss Lambie was one of a small group of officers in the Head Office of the Health Department who worked in complete harmony developing their plans by friendly discussions and consultations amongst themselves. I take this opportunity to acknowledge publicly Miss Lambie's intense loyalty to myself and her colleagues and to pay tribute to her for her outstanding services as Director, Division of Nursing.

M. H. WATT

Chapter I

CHILDHOOD AND EDUCATION

ALL OF US TO A VERY GREAT EXTENT ARE INFLUENCED BY OUR HOME life and background. So I am introducing these memoirs by telling something of my parents and childhood. My mother had come to New Zealand with her father, a Presbyterian Minister, when she was a little girl of seven. He had come to New Zealand because of his health, and brought his wife and family of five children. My grandfather preached for only a very short period as his principal interest was education. He became secretary of the Hawke's Bay High School Board of Governors and clerk of the Presbyterian Church, as well as an examiner for the University in Hebrew and Greek.

My father did not come to New Zealand until he was a man in his early forties and he had been some seven or eight years in this country before he married my mother. He was an elder of the Presbyterian Church but had a much more genial nature than my grandfather. All his life he had been a shipping man. He came out to join the staff of the Union Steamship Company and was manager in the Christchurch office when he married.

Our home life was that of a Scottish Presbyterian home. Sundays were strictly observed and education considered of paramount importance. My father's shipping contacts accustomed us to meeting widely travelled people. There were five of us in the family. I was the eldest, my brother was eighteen months younger, and there were three younger sisters.

Largely because of pressure from my grandfather, my brother and I started school when we were very young, and while we were still quite small, on his advice, were sent to the West Christchurch State School. The result of this was that both of us had a breakdown and on medical advice we had no schooling for a year, and then only a governess in

the afternoons in the second year. Our parents, however, were very anxious that our minds should be occupied. So every evening one or other read to us for at least an hour.

I look back now on those evenings and realize what a wonderful education we received. Our father had a globe and he made a ship with a piece of paper and a pin, explaining to us, as we followed the voyage of *The Sunbeam* around the world, what rivers and deltas, deserts and mountains meant, until the world became a living thing to us. In the same way tales of English and Scottish history were read to us and these gave us a general information which few children had at that period. Our mother, on the other hand, read to us such poems as "Hiawatha", "Idylls of the King" and many other fine pieces of literature which gave my brother a great love of English literature. In spite of the lack of formal schooling we had a very happy introduction to our studies.

At the end of this period, when the doctor had given permission for us to resume regular school, we were sent to private schools. By this time I was ten and for the next six years I went to Mrs Bowen's School in Christchurch, a school which afterwards became St. Margaret's. The effect of those two years without regular attendance at school was that I was very shy and at first found it most difficult to make friends, particularly as I was not good at sport, and it took me a long time to find my way among other girls. At the age of sixteen when my father retired I was just ready to sit for matriculation, as I had decided I wanted to be a doctor. I sat the examination and failed in French, which meant that I failed altogether as I had no extra subject.

With my father's retirement our financial position altered very considerably and it became necessary for me to obtain a university scholarship if I were to go on to the university. Therefore my parents decided that I should go to the Christchurch Girls' High School, where there was more opportunity for advanced study than at a private school. This change of school meant a great deal, and required an adjustment to girls of a completely different type. These girls were serious about lessons, whereas the girls at Mrs Bowen's were not. I had probably become snobbish in my attitude to the High School and I had to learn to appreci-

ate a new community. However, it was not very long before I found my niche and during this period made some of the best friends I have ever had.

I passed my medical preliminary at the end of the first year, and returned to school to sit the university entrance, but towards the end of the second term my mother became ill and it was necessary for me to go home to look after her. So ended my school career.

For the next year I was at home and during that time, as my mother was often not well, I had to undertake a good deal of the housework and gardening under her supervision. Suddenly, out of the blue, a friend of my mother, Miss Kassie Turner, who was matron of the Limes Private Hospital, asked my mother if I might go to her as a probationer. She knew that I wanted to be a nurse, now that I realized I could not go to the university. My mother thought this was a good opening for me, and although I was reluctant to leave her because of her health, she insisted that I accept this offer.

The Limes at this period was a private hospital of twenty beds. It was the best-known in Christchurch. All the well-known doctors attended and there was a staff of six trained nurses and two probationers. It was a new world to me but I loved it. There was the interest of the patients coming and going; seeing people come in ill and go out well; and even, in the case of the few who did not recover, there was always a human side of caring for and comforting them. It was a very happy hospital.

After I had been there for eighteen months I went to a party one afternoon and, when walking back across the park with the assistant matron of Christchurch Hospital, she asked me if I meant to train properly. By this time I was twenty. Miss Turner had always advised me that I would be foolish to think of training before I was twenty-three, but one of the other probationers had been accepted for training at Dunedin, and I felt that I was being left behind. So when I was asked whether I did wish to train my reply was that I did, but that I had been told I was too young. My companion told me that new wards were being built at Christchurch Hospital, that the matron, Miss Thurston, was taking on additional staff, and she thought that if I applied I would

be accepted. My difficulty was that Miss Thurston saw applicants only on a certain day, when I was on duty. This woman kindly offered to make an appointment for me and rang a day or two afterwards to tell me when to come. I have often thought how much I owe to her.

I went for my interview and was accepted. As I had worked for eighteen months at the Limes without a holiday, Miss Thurston advised me to leave and have six weeks' holiday before I began my training at Christchurch Hospital.

At the Limes we received no salary for three months, then five shillings a week for the remainder of that year and only for the last two months did I receive seven and six a week. We had to provide our own uniforms. Of course clothing was very much cheaper and pleasures simpler than to-day, but in spite of little money we had lots of fun and a very happy life.

Chapter II

AT CHRISTCHURCH HOSPITAL

IN NOVEMBER 1910 WHEN I BEGAN MY TRAINING AT CHRISTCHURCH Hospital, the occupied bed rate of the hospital, according to the old Health Departmental reports, was 138; the number of trained nurses was 19, probationers 54, and domestic staff 26. According to modern standards this was quite good staffing, but the Training School covered not only Christchurch Hospital but also Cashmere Sanatorium, which had 50 beds, Turangi Old Men's Home, Jubilee Home for women, and Burwood Infectious Diseases Hospital, so that the percentage of nurses to occupied beds was not as generous as it appeared. The hospital, however, did have a good domestic staff and in comparison with the other main hospitals of this period it was more generous.

The medical staff of the hospital included all the eminent surgeons and physicians in Christchurch at that time—Dr. Walter Fox, Dr. Hugh Acland (afterwards Sir Hugh), Dr. Gerald Westenra, Dr. M. Louisson, Dr. J. Duncan, Dr. H. Inglis, Dr. John Stephenson and Dr. Terris Bell. The acting Medical Superintendent was Mr. Stanley Foster who was superseded after six months by Dr. Pentreath for a short period until a permanent Medical Superintendent, Dr. Frank Scott, was appointed. The Matron was Miss M. Thurston, who had been appointed about a year earlier from Greymouth.

Miss Thurston was a most progressive administrator and brought many changes to the hospital, some of which had already been tried in Wellington Hospital, where she had trained and had been on the staff before her appointment to Greymouth. For example, the three-shift system for nurses' duties, each shift of a period of eight hours, had been in vogue at Wellington Hospital for several years but had been introduced in Christchurch only a year before I began my training. There was still a good deal of criticism from some of the doctors about this change.

The hospital itself consisted of the three old corridor wards, the Hyman Marks block, Wards 7 and 8, an old wooden building at the far end of the hospital which was used for children, and a wooden building at the entrance, the lower floor of which was used for out-patients and the upper floor for tuberculosis patients—a most unsuitable place. When I had been in training a year, a new block, Wards 9 and 10 (children and women's surgical) was opened. Those of us who were off duty for a week before the opening were expected to help clean and get the wards ready for occupation. Well can I remember the problems of scraping the paint off the hand basins and windows. The children's ward, with its blue tiled walls and tiled pictures over the fireplaces, was an innovation, and it became a show place for visitors to the hospital.

The Nurses' Home had recently been added to, but even then was not adequate, and for the first year the new probationers were required to live in part of the sitting room which had been turned into a dormitory. Another twelve to sixteen were accommodated in the doctor's residence. A new wing, however, was under construction, and when this was completed we were very comfortably housed in single rooms.

Our uniforms were fine pink and white stripe for the first six months and then we went into fine blue and white stripe, very much the same material which is still used at Christchurch Hospital. The uniform has remained the same throughout the years, though to-day the starched cuffs and collars are perhaps smaller than they used to be. The caps are wider and certainly the skirts are shorter. We were required to provide our own pink uniforms and one dozen aprons, but the blue ones were supplied by the hospital and as our aprons wore out they were replaced by the hospital.

We received no salary for the first three months and then £1 a month for the remainder of that year. This was increased to £1 10s. in the second year and £2 in the third year. In spite of that, one of our Home sisters thought that we should all save, and one noble person, out of her £9 in the first year, actually did manage to have 18s. in her savings bank, but the rest of us were always short of ready money.

One of the first changes in our duties came when Miss Thurston

introduced a system by which we did morning duty one week and afternoon duty the next. This meant that we came off duty on Saturday at 2 p.m. and did not resume until Sunday at 2 p.m. We were allowed to have an all-night pass to go home if we applied for it once a fortnight. There was no such thing as a day off a week.

The new arrangement was a very great improvement and was one of our cherished privileges. If by any chance this was curtailed, perhaps because of some misdemeanour, it was the greatest punishment we could be given.

As the Training School covered the additional institutions under the control of the North Canterbury Hospital Board, we all did a turn of duty at the Cashmere Sanatorium, but all of us did not necessarily go to Turangi or Jubilee Home, or Burwood, which was the infectious diseases hospital, largely for scarlet fever. I undertook my turn at Cashmere and also had a short period at Burwood. My turn at Cashmere came in the winter time. Our patients were in shelters and the majority of them were bed patients. This meant that we had to wear gumboots and oilskins and carry hot water in jugs to the shelters to sponge our patients. My hands suffered terribly and were a mass of chilblains which, with the cold winds and frost, cracked and were very painful.

At that time food was considered a most important part of a patient's treatment and it was necessary that the patients should consume so much milk, butter, eggs, meat, etc., every day. Even when they did not feel like it they had to eat it, and I was often sorry for people who went away from the table violently sick and had to return and complete the meal.

Looking back, I realize our lectures were well planned. The junior nursing technique was given to us by the assistant matron, anatomy and physiology by the house surgeon. In the second and third years the Medical Superintendent and one of the physicians lectured, with some assistance from the senior house surgeon. The Matron was responsible for the nursing lectures except when the syllabus covered special fields such as children's diseases, eye, and theatre. These lectures would be given by the sisters of those departments.

Miss Thurston had a great belief in competition, and she used examination results to spur people on. There was constantly a minor feud between half a dozen as to who would get top marks in the various examinations. Miss Thurston was a good teacher and knew how to get the best out of her scholars. Some of our sisters were also excellent teachers and very good clinical nurses. All of them were expected to give us a ward clinic once a week and we were required to write these up in our lecture books and submit them to the ward sister for correction. Christchurch Hospital had begun to have a reputation for gaining good marks in the State examinations and Miss Thurston was very jealous of her hospital's reputation.

Many amusing experiences, and some tragic, are the lot of all nurses. I can remember vividly how when I was first on night duty a man was brought in with a severed artery in his hand. He was very drunk and very difficult to get to bed. When I picked up his clothes to take them out to the property room, out of his pockets rolled forty golden sovereigns and, by the light of a candle, I had to grope around for the sovereigns which had got behind the radiators and in all the nooks and crannies possible.

On another occasion the Silver Grid Hotel was burnt down and a large number of people were brought in very badly burned. The smell of burnt flesh and clothes and the tragic circumstances were something which those of us who were taking part would not forget and yet, because we were so busy and helping people, it probably did not impress us girls as tragically as it might have under other circumstances.

The children's ward presented a very different picture from that of a children's ward to-day. Gastro-enteritis was very common and half the ward was usually filled with dehydrated babies, partly due to bad feeding and partly to the frightful feeding bottles of that era which had long, thin, and very often dirty rubber tubes. Cleft palate babies were kept for months before they were operated on and the results were not very good. Many children with osteomyelitis were in hospital, in some instances for years, during which time they had no schooling and learned only what they picked up. One of the cleft palates I can remember had a double hare-lip in addition and what a problem it was feeding

The author at the age of six with brother and sister

that child. Years afterwards I met that little girl—a very bright, intelligent child although her teeth were very irregular and her speech not very clear. She was so quick mentally that she had overcome much of her disability. The osteomyelitis cases, in some instances, afterwards became a social problem because they had had no education. In a similar way many years later I had to deal with a boy of eighteen who was a social menace in his village. He had been a patient for years in the children's ward without ever having had any education.

Surgical patients had lengthy skin preparations before operation. There was no such thing as blood transfusion, and intravenous saline was used only occasionally. Patients were kept immobile for long periods. So treatment was very different from what it is to-day. Medical wards had many cases of typhoid and pneumonia, the treatment of which called for constant sponging as this was the principal means of bringing down temperatures. Nephritis and rheumatic fever were treated with hot body packs, which involved much handling. Poultices were used for many different conditions and took various forms, although linseed was the most common. Leeches were used frequently for eye conditions and we pitied the nurse who could not find the leeches when she had finished her job.

In spite of the hard work the life in a training school is very much like a boarding school. Mixed up with the hard work and lectures there was a lot of fun, and like all girls we disobeyed rules at different times. The Avon river and the boats were a frequent source of pleasure and many were the picnic teas we had in a boat on the river. There were good grass tennis courts in the grounds and some of the girls were really good players.

A famous party which took place became known as the Hospital House Party. Twelve of us lived at this time in the Medical Superintendent's house and among us three had a birthday in May. We decided we would have a party as these girls had had cakes and other food sent to them from home. The party grew to larger proportions than were originally intended and it finally took place in the house kitchen, which we were not allowed to use. We were caught and I can still see twelve rather large girls, some in uniform and some out of uniform,

standing round the kitchen while Miss Thurston, our little Matron, stood at the door and upbraided us for breaking rules. Next morning at breakfast it was announced that as certain nurses had seen fit to disobey the rules on the previous night they had to move into the new nurses' dormitory, and not only move their own clothes over into the dormitory but also move the clothes of the dormitory nurses to Hospital House. In addition all leave was cancelled for a week. Everybody made a joke of it to begin with but, unfortunately, among the girls who attended the party was one who was nursing scarlet fever. When two of the others developed scarlet fever in the course of a week or so, further impositions were made because at that stage people in contact with infectious diseases were put in strict isolation.

At last the day for our final examinations came in December of 1913. The results were published in January. There was no such thing as a graduation ceremony in those days. Matron summoned us to her office, gave us the examination results, a form for us to send for our medal, which we paid for, and advised us to join the Registered Nurses' Association. But we were filled with the same feeling of pride and accomplishment as nurses are to-day.

Soon after my registration I was staff nurse in the children's ward and acting sister, as sister was on holiday. One morning at breakfast I was told by the sisters that Miss Hester Maclean, the then Inspector of Nursing, had arrived in the hospital, and that she was most particular when she came to a ward to examine the food, see that the food was hot and that everybody was adequately and carefully fed. The sisters assured me what difficulties I would get into if she came to my ward at a meal time. Imagine, then, my horror when just as I began to serve the dinner, Matron, with Miss Maclean and the chairman of the Hospital Board, walked into the ward. They stood and watched me serve the meal and, as will happen with children, they would not in some instances eat what they were given. We had a number of two-year-olds who had to be fed and I was most concerned because I thought I could not detail enough nurses to feed and at the same time have the meal served to the older children. By the time the meal was finished I was in a bath of perspiration and ready to weep. Years afterwards

when I was inspecting in Christchurch Hospital and stood beside a new ward sister while she was serving a meal which she got mixed up largely because of her nervousness, I thought of my own experience in that children's ward.

When sister returned I was sent to nurse our Matron, who had been ill. To begin with I did night duty, but after the first few nights did night and day, having a bed carried into her room at night. Although I admired my Matron very much indeed, it was a most difficult duty. To keep me occupied at times she used to ask me to read her French novels, which I am sure I did very badly. On more than one occasion, when I was in the middle of a sentence, she would interrupt and ask me to go and telephone the secretary of the Hospital Board or somebody else for her, indicating to me that her mind was not on what I was reading in the least. The other nurses called me "Matron's woolly lamb".

I was sent next to Burwood to relieve until a new matron was appointed. Burwood, in those days, consisted of a series of wards connected by an outside verandah. Facilities were very poor and the problems were tremendous because we were surrounded by sand hills and pine trees and at least two miles from the tram. Naturally staff was difficult to retain; some of the staff engaged were not of a very good type, and the control of both men and women was difficult. An enquiry was pending and Board members frequently paid visits. I had been warned that I was to be very careful what I said. I was therefore very glad when, after a few weeks, I was moved back to the hospital to take charge of Ward 5. I had been qualified only six months when I was made sister of this ward. It was with great pride that I donned my cap and strings.

Ward 5 was a men's medical but we had one side room which had bars on the window. This was frequently occupied by a patient with D.T's, whether it was a man or woman. I can visualize a large fat woman, very drunk, with fractured ribs, and a poor little house surgeon, who was very effeminate, trying to examine that heap of flesh. To say the least, her language was lurid.

As with most girls, the thought of travel and experience out of New

Zealand was in our minds. Two of us thought we would like to join the Queen Alexandra's Nursing Service of Great Britain. This meant that we would not only have to be recommended through the War Office, but also have to serve as sisters in a hospital in Great Britain for at least a year. We had started making enquiries when in August 1914 war was declared and this put an end to those dreams of the future.

Within a month of the declaration of war, suddenly one day came an order from Wellington for one of our sisters to leave that night to go to Wellington to join a contingent for overseas service. This particular sister had the day off and was at home, and there was no way of contacting her until she would return in the later afternoon. So the rest of us thought we would pack and prepare her luggage. We naturally thought she would be leaving for England and it would mean she would be going to the winter. Therefore, everybody produced from their personal belongings their best woollen underclothes and stockings. When sister returned at five o'clock her boxes were packed and we all took her down to the station to say farewell when she left to get the ferry steamer—the first nurse from that hospital to go on service. Imagine our disgust when some weeks later we heard that these sisters were the contingent sent to Samoa. Needless to say, the woollen underwear and stockings were completely useless.

The calling up of this sister made us all realize that it was possible that many of us might be joining an Army Nursing Service. Therefore there was a rush of applicants. However, fate had other plans for me. Early in October my brother arrived on Sunday morning at the ward to tell me that my mother was seriously ill and they wanted me to come home at once. I went down to Matron and was given leave, and did not return to hospital again.

Directly I arrived home I realized my mother was seriously ill and I went with her to a private hospital and nursed her for the next week until she passed away. Then it had to be decided where my duty lay. My father was a man in his early seventies by this time. My youngest sister was only twelve and there was the family to be thought of. Therefore, I went to Matron and gave her my resignation as it was essential that I should step into my mother's shoes. So ended my hospital career.

Chapter III

A NEW LIFE AT HOME

SOME MONTHS BEFORE MY MOTHER'S DEATH SHE HAD UNDERTAKEN the care of six children—two little girls eighteen months and three years of age, and four boys of five to ten. These children had a legal guardian. Their home had been disrupted for the time being. Immediately I was faced with the problem of what to do about these children. Their care would give me a source of income and at the same time enable me to be at home and care for my father and the other members of my family. Therefore, I applied to their legal guardian to be given charge of them. He thought at first that I was very young—I was twenty-four—but I assured him that I was accustomed to responsibility and so it was decided that they would be left in my charge. Little did I understand what I was undertaking.

These children had been accustomed to my coming in and out of the house and treated me as another member of the family. At first they had no idea of obeying me. Although I had been used to the control of staff and patients to a limited degree in a hospital, it was a very different story caring for an ailing elderly father and a houseful of ten, including small children. I had done very little sewing, and I was not even a very good cook, and therefore I had a great deal to learn. The children, as all children will, played up.

One momentous Saturday, when they played in our old garden at soldiers in trenches, they came in filthy and sopping wet four times and had to have clean clothes put on. I finally lost my temper, applied a strap all round and, on the principle that nobody could be so naughty and be well, I followed the strapping with a dose of castor oil. It was a very drastic and wrong punishment, I know, but at least my authority was established!

Our home was a large, old rambling house with a big garden and a

small farm attached. The eldest of my three sisters, who had left school and helped my mother, was going to be married, so the maintenance work on the property could not be done. We therefore decided to sell and move into town.

I cared for these children for four years and in that period learned a great deal concerning the difficulties of caring for children not in their own home. I was very fond of them and tried to do my best for their interests, but to bring up boys with no father was difficult indeed. In the same way, when the elder of the two little girls went to school first, it did not occur to me to warn her that her home conditions were different from those of other children. I was startled by a small figure running through the garden in the lunch hour crying. She flung her arms round my legs, saying, "Mary, you are our mother, aren't you? The children at school say you're not." I should have protected her from such a situation but it did not occur to me. It seems to me that security, above everything, is the right of every child and means so much to their future happiness and development.

During those four years many sad things happened. So many of the men who had been our contemporaries at school and at the university were killed. My brother was accidentally killed in a shooting accident just before his going to Trentham for overseas service. That was a terrible shock to the whole family. He was our only brother and was a great favourite with us all. My father did not recover from the shock of this accident and a year afterwards he died, after a protracted illness. Patience required with an old man who needed new interests, the problems of caring for a sick person in a home where there were children, and the necessity of ensuring that the life of the children was not overshadowed with sadness, meant a great strain.

After my father's death, the question of the future arose again. The father of the children whom I had looked after was now in a position to resume the guardianship of them and I had to decide what I would do. The matron of Christchurch Hospital asked me to return to the staff, and in addition the matron of The Limes Private Hospital asked me if I would go to her staff with the object of having an interest in the hospital and perhaps eventually taking it over. In neither case could I

have a home, and my problem was that my two young sisters still required one.

When I was most worried and did not know what to do the matron at Christchurch Hospital telephoned one day to tell me that a school nurse had come to her office to complain about her treatment in the out-patients' department, and she thought it might be worth my while making enquiries about such a position.

I therefore went to see an old friend of my father who was a personal friend of the Director of Education. The school nurses at that period were employed by the Education Department. I was referred to the School Medical Officer, Dr. Eleanor Baker, in Christchurch for an interview. There I was informed that there was no vacancy in Christchurch but I could have a position in Hawke's Bay if I wished. This did not suit me at all as my youngest sister was still at school. I asked would it not be possible for the nurse who was in Christchurch to be transferred to Napier, as she was suffering from rheumatism, so that I could have the Christchurch vacancy. I have often thought since how presumptuous I was, but at the time I was desperate and it seemed to me that was a solution.

A month went by when suddenly I was offered a position in Christchurch to take up duty in a month's time. The nurse who had had rheumatism had, in the meantime, applied to be transferred to Auckland. This left the vacancy for me. That month was an extremely busy one as I not only had to prepare the children to leave me but it also meant giving up our large house. Never will I forget taking those two little girls, of whom I had grown so fond, to boarding school. I felt when I left them there that I had deserted them.

It happened that the husband of one of our oldest friends had been called into the army. His wife was nervous about being left alone and he called to ask me whether my sister and I would go and live with her while he was away. This was a solution to my problem. Here we lived for eighteen months until his return, when we bought a small house of our own.

Chapter IV

THE SCHOOL MEDICAL SERVICE

IN 1904 THE QUESTION OF A SCHOOL MEDICAL SERVICE FOR NEW ZEALAND school children was discussed by the Education Department but because of financial difficulties it was not proceeded with. However, in 1912 an amendment to the Education Act was passed, providing for the setting up of a school medical service. This service came into being in 1913.

As a beginning it consisted of four women medical officers, and the work of these women during the initial period was outstanding. They pioneered a service in preventive medicine which has had far-reaching effects, although it is one of the services which has had very little limelight or praise. By 1917 the medical officers were increased and it was then decided to appoint nurses to assist the doctors in their work. When I became a civil servant in June of 1918, there were seven nurses on the staff—two in Auckland, two in Wellington, one in Canterbury, one on the West Coast and one in Otago.

The function of the service was the medical examination of all children in Standard 2 and the medical examination of any child in the primary schools about whom the teachers were concerned. The nurse's work was to prepare the schools for medical examination and to assist the doctor. This consisted in preparation of cards, the interviewing of each child in Standard 2, testing of their eye-sight and hearing, and examination of their general state of cleanliness. The infants and other classes were inspected rapidly, to select children who needed special attention.

As there was only one nurse in Christchurch when I began, the only time I had for preparation was when the doctor was on the West Coast, which was then included in the Canterbury district. In addition, the nurses were supposed to visit the homes of any problem children.

This visiting had to be done after school hours or on Saturday mornings. All offices were open on Saturday mornings at that period.

The problems among children at that time were many. It must be remembered that wages were very much lower and amenities for the home—such as baths—were often missing. In consequence, pediculosis was fairly common and in certain schools there was a fairly large number who were very dirty. Some of the poorer types were even sewn into their clothes for the winter. Carious teeth were very common. Some mouths had hardly a sound tooth, and in consequence gingivitis was present in many. The result of these diseased mouths was that a large percentage of the children had enlarged adenoids and tonsils. These in turn produced poor nutrition and bad posture. In some cases another complication was otitis media.

Of course, there were many bonny, healthy children, but the percentage of children suffering from marked physical defects was high. This had been evident when the medical examination of recruits had taken place during the 1914-18 War. Eye strain was also fairly common, in many instances because of poor lighting.

The schools were mostly buildings which had windows placed fairly high, so that children could not see out. Blackboards were on easels, often well above the line of vision of the child. In the junior school, seating accommodation was on forms with no backs, long desks holding six to eight children. In the senior classes a beginning had been made in some schools to have fixtures of a desk and chair, but they were immovable because they were very heavy with iron supports. Ventilation was frequently very poor. Washing facilities were not very numerous and the roller towel, with all its defects, was present. Lavatory blocks were in the playgrounds, sometimes well kept, sometimes not.

The work was carried out under difficulties as there was no special room for the medical examination. Any children who had to be undressed had to be seen in either the headmaster's or the teachers' room, or sometimes a classroom would be emptied and used for the purpose. When the nurse worked alone she worked, as a rule, in a corridor.

When I first began, Dr. Eleanor Baker, the school medical officer, was most anxious that we should win our way with the teaching

profession. Although there had been a school medical officer for two or three years in Canterbury, a nurse had been appointed only a year before, and as she had been away sick a good deal of the time we were still pioneering the work. I had been informed that I was to wear a grey uniform, wool in winter and cotton in summer, with white apron and a cap in school. When visiting, the costume was a grey suit and tailored coat and plain felt hat. Working in the way we did, white aprons were a problem as they did not stay clean longer than a day, and after discussion we were allowed to wear grey cotton overalls over our dresses.

Towards the end of the first year, in November of 1918, occurred the influenza epidemic which made such ravages in New Zealand. We were instructed to report to the Medical Officer of Health who, at that time, was Dr. Chesson. I was sent with a senior medical student to Cheviot to organize some kind of hospital service. We arrived at Cheviot early one Sunday afternoon to find the local doctor—an old man with diabetes—very ill with pneumonia. The local people had thought we could turn the school into a hospital, but when I saw it and realized that there was no water except two small rain-water tanks, that sanitation consisted of two lavatories at the bottom of a paddock and that there were absolutely no facilities for cooking, I felt that it was quite impossible. With the small committee and the medical student I went to the local boarding house, a two-storey building in which there were already twelve patients. I decided that we would commandeer the boarding house and turn it into a hospital. At times in that small emergency hospital we had up to forty patients. We had very little help but eventually, after a week, we obtained from Christchurch another trained nurse and a midwife who did night duty. I was very glad to see them. One or two women in the district also came to help. Someone volunteered to cook. This was also of great assistance, but the majority of the people had much illness in their own homes, or else were afraid to come. It was therefore very difficult to get help locally.

To equip this emergency hospital we borrowed sheets, blankets, etc., from homes in the district. This necessitated the careful keeping of

lists to ensure their correct return. It was never possible to find anyone to wash, and so in the six weeks I was at Cheviot I did the washing myself with some assistance from other members of the staff.

It was my first experience of emergency work, a very valuable experience and one which taught me many things. It was an experience which was most satisfying, because I felt that I was able to help people under very difficult conditions. We were very fortunate as we lost only one patient during the period. We returned to Christchurch just before Christmas and were very glad to have our annual holidays.

The next year our normal work began to extend. Two more nurses were appointed, one for Ashburton and one for Timaru, and the work was divided into districts. This meant also that country schools, which no-one had been able to go to earlier, were visited. There were no motor-cars then. These schools had to be visited by taking a train and a bicycle, cycling long distances—anything up to ten or twelve miles—to schools, sometimes staying at country hotels, sometimes returning to Christchurch.

Banks Peninsula was covered with a gig and a pony, with headquarters at Duvauchelles. We usually did Banks Peninsula in the late summer and it was a great pleasure. Our headquarters would be the Duvauchelles Bay Hotel, and we would set off in the morning with the gig and horse and go, for example, to Little Akaloa and then on to Chorlton and Okain's, returning to the hotel in the evening. The view from the hills was very lovely and there were many amusing episodes. On one occasion a row of small boys outside one of these country schools was asked to move. When they did not, I asked one boy's name, and the reply came, "Please, Miss, he is Emmanuel". That family rejoiced in Elijah, Emmanuel, Elisha and Habakkuk. On another occasion I remember a load of pigs going to the Addington market. The lorry broke down and the pigs stayed outside the Duvauchelles Bay Hotel all night. Once, when we decided to walk from Okain's to Le Bon's Bay, we got lost in a fog on a track on the top of the hills.

It usually took two to three weeks to examine the schools on Banks Peninsula, and it was really like a glorified picnic most of the time,

although we often met special problems as well. In the country it was not possible to visit all homes and we had to depend on writing letters to give to the children to take home.

My first experience of public speaking was at Darfield. I had gone to visit the school, and talking to the headmaster at the end of the morning about some of the children, said I wished I had been able to see the parents, but that with a bicycle it was quite impossible. I then went off to his office to eat my lunch and prepare the letters for the children to take with them. When school resumed, the headmaster came to me and told me that he had been in touch with a number of the mothers by telephone and they would come to the school to see me at 2 p.m. if I would go over to the classroom. Imagine my feelings on walking into this classroom to find a group of twenty to thirty women, including the wives of the local doctor and clergyman! In desperation I had to act quickly. I took a pamphlet entitled "Hints to Parents" and talked round it, drawing pictures on the board, a thing I had never done before. At 3 p.m. the parents went home but I was a complete wreck. I could not remember what I had said. All I knew was that I had been asked questions and had done my best to answer them.

During 1919 a Commission of Enquiry had been held into the health service of the Dominion, because of the overlapping which had occurred during the influenza epidemic. One of the recommendations of that commission was that the school medical service should become a part of the Health Department instead of the Education Department. Therefore, early in 1920, we were transferred. Our offices were then situated with the Health Department in Cathedral Square. In our working so closely with the Education Board, a friendly relationship had been built up with the teaching profession. This might not have been so easily won otherwise.

With the transfer to the Health Department, the service was organized as a definite Division, with a Director (Dr. H. Wilkins) and school medical officers attached to each District Health Office. The nurse inspector of the local office had some contact with the school nurses, although they were not directly under her. The scope of the

service was extended during the next year or two, in that all entrants to school, i.e., children in the first class in the primers, and all leavers, i.e., children in the 6th Standard, were to have an annual medical examination in addition to Standard 2; as well as selected children from the other standards for special examination. Parents were invited to be present at the examination if possible. This extension necessitated additional staff, and the number of doctors in Christchurch was increased to three and the number of nurses to seven—four in Christchurch, one on the West Coast, and two in Timaru. This again meant that each nurse had her own district in the city plus her own rural district.

The new Director was anxious that the service should be used for investigations and surveys of different kinds. One of the first surveys was a nation-wide questionnaire which was to show the standard of living of a large number of families. Christchurch district was given a hundred families to interview. The work was divided between two of us. It was interesting, but in asking questions of the mother it was necessary to check everything she told you, as her natural pride was not going to admit that her conditions were unsatisfactory. As an example, in a home of seven children an assurance was given that not only was half a pint of milk drunk by each child, but also that milk puddings were given every day. Eggs were also frequently used in the diet. Before leaving the home I noticed two very poor-looking fowls scratching by the back door and when I asked how many fowls they possessed, the answer was two; and when, just as a last thought, I asked how much milk a day was taken, I was informed two pints! Obviously the answers that had been given to me earlier were incorrect.

A most interesting experiment was the beginning of fresh-air schools. One of our school medical officers was so horrified by the conditions existing in the schools that he started a campaign for the building of fresh-air schools. With great difficulty, and after much public speaking and Press publicity, he finally persuaded the Education Board, as an experiment, to build one open-air classroom of a simple type at the Fendalton School. The children who occupied this classroom were weighed and measured frequently, as against a group of children working under the old conditions. The improvement in the children's

physique and weight was so marked that the medical officer was able to show the very great progress which took place when children were able to move about easily, have plenty of fresh air and be allowed out for breaks between lessons, and where lighting had been properly considered.

Another of the very important surveys that were undertaken in Canterbury was one concerning endemic goitre. At that period, about eighty per cent of the children in Canterbury had enlarged goitres in some form and a large number even had marked enlargement. Dr. Charles Hercus had been appointed as Assistant Medical Officer of Health. (He is now Sir Charles Hercus, Dean of the Medical School.) He, together with Dr. Eleanor Baker, attempted to examine the thyroids of the majority of the school children in Canterbury. This was an enormous task, involving a tremendous amount of labour and clerical work. When they had proved that a problem existed the question then arose as to what should be done to prevent it. Minute doses of iodine were initiated and ultimately the use of iodised salt was encouraged. School medical reports to-day show an entirely different picture. It is very interesting to see the tremendous change which has taken place through the use of iodised salt.

One of the great problems was that of the physically and mentally handicapped child. As to-day, the supervision of these children was the responsibility of the officers of the Child Welfare Division of the Education Department. Homes for backward children existed at Richmond, out of Nelson, and Otekaike, out of Oamaru. There were also the School for the Blind in Auckland and the School for the Deaf at Sumner. But there were many children in their own homes who needed special help. In addition there were often neglected children. If these children were to be under the charge of the Child Welfare Division through the Court, they were generally removed to a foster home after perhaps a short period in a Child Welfare Institution. Some of the foster homes were very good indeed, others were poor. As is always the case, some of the Child Welfare Officers were very intelligent, but others had had no training for their work. Social case work, as it is known to-day, really did not exist but the workers in many cases had

sound common sense and the children, as a whole, were reasonably treated, although at times our medical officers felt that there should have been more medical consultation.

At this period it was realized that many children suffering from some physical or mental defect to a minor degree could be helped while remaining in their own homes, and that the accommodation in the special schools was so limited that all requiring special training could not be admitted. These conditions led to the provision of classes for retarded children, and later to classes for the hard of hearing. The one group that was not catered for was the partially blind who sat in the front row of classes and were given individual consideration when possible.

At first some parents did not realize the advantages of this special education so school nurses were asked to make contacts with these parents, arranging appointments for them to visit the schools to see for themselves what was being done. Thus the school nurse was used as each special class was introduced and played her part in assisting new developments.

Chapter V

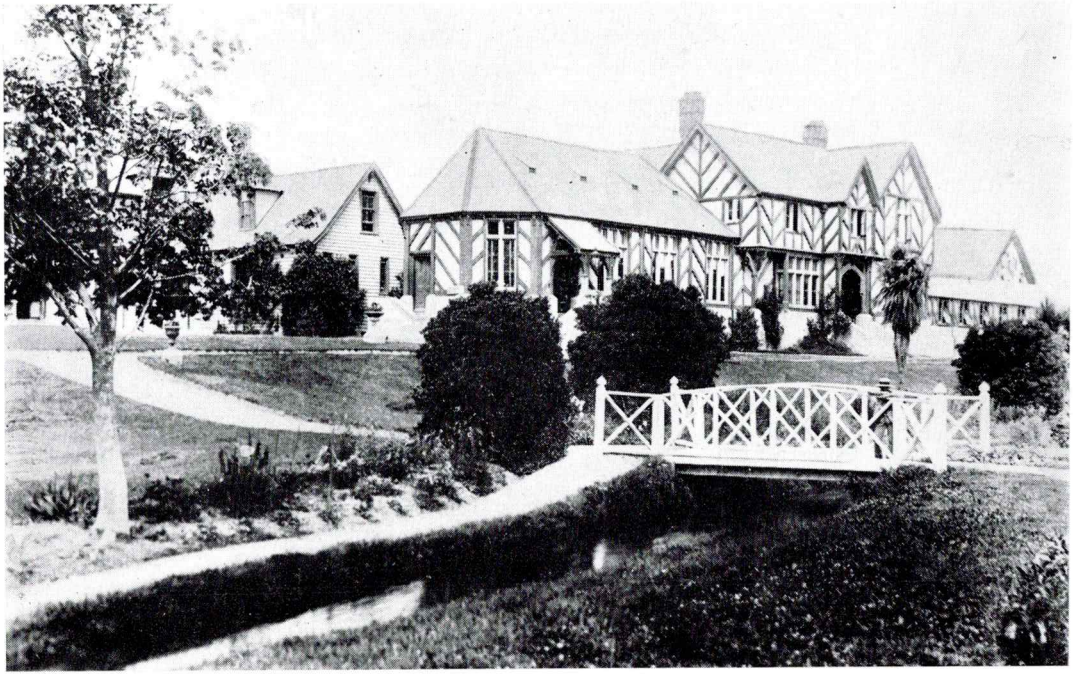
SOCIAL PROBLEMS OF THE TWENTIES

IN THE EARLY 1920'S NEW ZEALAND WAS PASSING THROUGH A PERIOD of slight recession which followed the post-war boom. There was a certain amount of unemployment and wages were low. Prices were still fairly high because there had been marked increases during the war period and these had not wholly receded. At this time the only pensions were old-age and widows' pensions, which were £1 a week. Any other assistance had to be given through the charitable aid of the hospital boards, apart from relief administered by voluntary organizations.

Every hospital board had a charitable aid committee and applicants had to attend in person, or an accredited person attended on their behalf, before a committee who examined their ways and means and their weekly expenditure. The board would then determine whether an order would be given for the applicant for groceries, meat, etc., and a payment be made for rent. Orders for clothing were rarely given. Applicants would have to be dependent on secondhand clothing supplied either through the welfare officer of the hospital board or through one of the voluntary organizations.

These conditions meant that many people who required financial assistance would not go before a charitable aid committee because if they did they so frequently came away with a feeling of being paupers. The voluntary organizations often adopted rather the "Lady Bountiful" attitude and the person who was more or less an impostor could go from one organization to another, obtaining help from several sources, while the person who was honest often went without help at all.

The one organization which did not adopt this attitude was the Nurse Maude District Nursing Organisation. Miss Maude had established this District Nursing Service in Christchurch in 1896, and gradually the association had expanded. It possessed several endowments which had



Christchurch Hospital, 1911

been given by Sir Heaton and Lady Rhodes and had its headquarters in a very central and well equipped building in Madras Street. Miss Maude had a definite policy that every family should maintain its independence, if possible, and that there should be no feeling of charity towards those seeking help. Therefore, although a secondhand clothing sale was held every week at the centre, no clothing was ever given away even if it was only the small sum of a penny or threepence which was paid. Miss Maude felt that in this way the individual retained his or her self-respect. I heard Miss Maude on many occasions state that the most cruel thing a social worker could do was to take away a family's self-respect.

The school nurses could not work among children without becoming involved in the family problems, because necessarily one thing affected another and if a child was to be helped it often involved helping the whole family in some way. Therefore, inevitably these nurses had to acquire some knowledge of social work and how to handle difficult problems. During this period in Christchurch a wealthy friend of my own gave me a sum of £50 to £100 at the beginning of each year to spend on necessities for needy families with whom we came in contact. A small committee of friends helped us and we bought material and made up children's clothing as a nucleus from which to help. Adopting Miss Maude's philosophy, we always charged small sums for anything we supplied, this money, in turn, going into the general fund. Apart from clothing there were many other ways in which help was required.

There were no health camps and no means of assisting children who were delicate. There was a small convalescent home situated at Governor's Bay, which catered for children who had been discharged from hospital, but for the child who might have been a contact of tuberculosis or who had poor nutrition, there was nothing. In visiting Oxford, which was in my district, I found two farms which offered to take under-nourished or weakly children to board for a period, and the fund of which I have spoken was used to pay for the children. The parents perhaps just paid the railway fare. Many children in this way were given sometimes a holiday of two months and I have seen little children who had grown to love the country and animals weep when they had to

return to their own homes. In this way we proved what immeasurable benefit change and prescribed routine in the country could do.

To illustrate the problems that the nurses of this period encountered I will quote some examples. In one case the father was a confirmed drunkard and there were seventeen children in the family. The mother, a little Cockney, used to say, "A glass is no good to my boss, Nurse, it takes a bucket." The first occasion on which I visited this home was a wet winter's day and when I went into the kitchen I was met by the most frightful smell. Some eight or nine small children were sitting round the table having their dinner. There were no plates, knives or forks—they were eating off paper with their hands. The meal consisted of boiled rice, and what we used to call "pluck". This was a liver and lights, which could be bought for sixpence to feed to the dogs. Actually boiled liver has much more nutriment than was realized in those days.

At the time I was horrified by the whole situation. However, I was able to obtain cutlery and plates and gradually the conditions of the family improved. On one occasion, when I went to see the mother at the end of the Christmas school holidays, I found her struggling with the washing in a small outside copper and tubs in a minute back yard, surrounded by the children. She said, "It's all very well for you; you have had a holiday, I have not." Without stopping to think, I said, "I will give you a holiday one day and look after the children for you."

Two or three weeks afterwards I was cycling down Colombo Street when she hailed me from the pavement. "The Boss says you didn't mean what you said, and I said you did."

"What did I say?"

She replied, "You said you would give me a holiday."

I asked her if there was something special she wanted to do, and she told me that her eldest daughter, who had just started work at the Kaiapoi Factory, was going to the factory's annual picnic and wanted her mother to go too, but she couldn't because of the children.

I volunteered then to take the six youngest to my home for the day. What a Saturday that was! I went for them with a car at eight o'clock in the morning—six of them under five and a half years. They were

frightened because they had never been in a car before and cried lustily. By the time I reached my home, however, they did not want to leave the car. It seemed a long day, looking after six children who had had very little training as far as bodily habits were concerned and who had no idea of playing by themselves happily in strange surroundings. I was very glad when seven o'clock came and I could take them back and put them to bed. However, when I saw their mother on the Monday morning and she told me how she had sat under the trees at Motukarara and listened to the birds for the first time in her life, I felt the day was worthwhile.

Another problem family was one where the father, an old man in his seventies, was more or less bedridden. There were six children. This man and woman had previously had another six children before being married and the Child Welfare had removed these into foster homes; they had then married and had six more. The man was an old-age pensioner and the woman went out cleaning. I collected the pension on behalf of the old man. If I didn't, a great deal of it went into the hotel. But in spite of the very poor home without any bath and only a tub in the scullery to wash in, it was wonderful how clean those children were kept. The mother, who had had little or no education, used extremely lurid language but she showed a kindliness of spirit and a generosity which was quite pathetic. Because she was grateful to me, she would want to share things that had been given to her occasionally, and to save her self-respect I would take apples or something else she had to give. I passed them on to another needy family.

A third family of nine children had a most unstable father who worked on the wharves at Lyttelton. I received a call one day to say that this family had been turned out of their house and would I go immediately. I got on my bicycle and went to my beloved Sydenham to find the father and six little girls, ranging from a baby up to a child of about nine years, sitting in the gutter. A little of the furniture had been put out on the road and into the garden in the front. The landlord was standing on the verandah with an axe to refuse them entry.

I made arrangements to care for them and back I went to town to interview the secretary of the Hospital Board to see if the family might

be housed for the night at the hostel that was used for old men, until we had time to make other arrangements. He gave permission and they went there for the one night, but the next day they went to friends with a little three-roomed cottage in a most unsavoury lane. Here ten children slept on the floor in one bedroom, one set of parents with two children in one room and the other parents in the kitchen. This, of course, could not be allowed to go on.

I tried to find other accommodation, even to the extent of asking the City Council if they would waive the destruction of a condemned house to allow this family to occupy it, but to no avail. I then remembered having seen an empty house in the country out of Oxford. So next morning I took my bicycle and went to Oxford by train, and cycled ten miles to see the farmer who owned this house. It was a very primitive house, with only rain water and an outside tap, but it had five rooms, reasonably comfortable, and I could get it for a very cheap rent. I arranged work for the boy on the farm and for the father on a traction engine which was attached to a threshing machine plant. I returned that evening and went to see the family. When I told the mother what I had arranged, she, with no idea of the conditions, asked me if there was gas in the house. However, a few days afterwards the family was moved and I went to the station to see them away. I never forgot the sight of all those little fair-haired girls, with clothes some far too big and some far too small. This family remained in the country for several years and, although the father was always a problem and ultimately returned to wharf work, the children spent the best part of their school life in the country and some of them settled there permanently.

The T.B. sanatorium had, even then, a clinic or dispensary to which patients under observation reported and also to which discharged patients were referred. Another problem family was one in which the father had been a patient and had been discharged. He was not fit for work and the children were very delicate. They lived in a most unsanitary and damp little cottage and it seemed as though, if something better could not be done for them, it would not be long before the man was back in the sanatorium. This time an empty school

house—the teacher boarded with a nearby family—was the solution. After I interviewed the Education Board and obtained permission, this family was moved to the country and remained there for a year or two until the father was able to work again and pay the rent for something suitable in town.

The moving of these families would not have been possible if it had not been for the fund which my friend had given me.

In speaking of the school medical work, I mentioned that we frequently had to cope with children who were dirty and suffered from pediculosis. Sometimes by talking to the mothers we could get these conditions rectified gradually, but in some instances the mother was feeble-minded and it was impossible to teach her to improve the situation. We had one notorious family who were always in this state and were frequently being sent home because they were infectious to others. It seemed impossible to clean them up. Eventually the older children became very sensitive about this and were developing into social problems themselves, although some were children of above average intelligence.

I therefore thought that we might do something about this by teaching the two eldest girls. So for one school holidays I went to the home every morning and in the back yard did the children's heads, teaching the two older girls to do likewise. By the end of the fortnight the family was clean, and they remained clean, because those two children had learned to look after themselves and developed a pride in their own appearance and in keeping their younger brothers and sisters clean. It showed me what could be done by the teaching of children.

I have mentioned Miss Maude and her idea of encouraging a family to have self-respect. This was not the only principle in social work which I learned from her. On one occasion during an influenza epidemic, nurses from the department were lent to Miss Maude to supplement her staff of district nurses, giving bedside care, for nearly a month. Miss Maude had very definite ideas on bedside nursing. She believed that a patient responded to frequent change of nurses and when the cases were assigned to each nurse each day she nearly always got a different district and different group of patients to do. Although

this might have been good for the patient's mental outlook in some ways, from the point of view of a patient's physical comfort it was often extremely difficult. The nurse arrived not knowing where equipment was kept. She might never have seen the patient before, or if she had it would perhaps have been weeks ago. If the patient had complicated dressings to be done or was very helpless, this often meant that a nurse was slow and caused the patient unnecessary discomfort. But Miss Maude had very fixed ideas on this subject.

At that time the district nurses were responsible for conducting the last offices for any patient who was admitted to the city morgue, or for people who had died in their own homes and who had asked this attention. One Sunday when I was on call it was my painful duty to lay out eight different people in one day. This may have supplied a want to the city but it certainly was a very difficult duty.

The Hickson Faith Healing Mission took place during this period in the Christchurch Cathedral and large numbers of patients were brought by relations or friends. Most of the patients had been prepared beforehand by local clergy for this mission. One of the unhappy instances was a little boy of six in whom I was interested. He was nearly blind. He had been told that if he had sufficient faith God would heal him. When after visiting the Mission he had not improved, the child's unhappiness was really terrible.

I spent six years in this work. My district lay in the south end of the city and I developed a great interest in and love for many of the people. We had had little or no theoretical training for our work. We had attended lectures in sanitary science given at the Technical School. I was a member of the Council of the Trained Nurses' Association and of the National Council of Women and attended the lectures given at Canterbury University College, particularly the group which was taken by Professor Shelley on the management of children. But most of our knowledge came from practical experience. For myself, the knowledge I had acquired during the four years I spent at home was invaluable, because I understood the practical difficulties of keeping house on a limited income. I had learned to sew and cook, I could mend and patch and I could show mothers many of the devices which I myself had used.

By this time my younger sister and I occupied a small home which we had bought. My other two sisters had married and we had living with us a delicate aunt. My life was therefore a very busy one as, in addition to my work, I had to keep our home and garden. My sister was still a schoolgirl.

In 1924 Dr. Eleanor Baker had gone to England on leave and travelled via Canada. She wrote to Dr. Ada Paterson who, by this time, was the Director of the School Hygiene Division, and also to myself, and told us about a new course in public health nursing which had begun at Toronto University. At this time the survey for endemic goitre was being conducted and Dr. Hercus was very interested in what Dr. Baker had told us about this course.

The New Zealand Trained Nurses' Association had been for some time very interested in the training of sisters and senior nurses for hospital administrative positions. Miss Bicknell, who at this time was the Director of the Nursing Division of the Department of Health, had made a recommendation to the Government on her return from a visit to Europe in 1922 that a post-graduate course should be established in New Zealand for training senior hospital personnel. The Government, after discussing the matter with the Otago University, had decided that a five-year course should be established at Otago University whereby students would spend two years in the university as a beginning, attached to the Home Science school, two and a half years in hospital and the fifth year back in the university. A nurse was to be selected to go to England to take the International Red Cross Post-graduate Diploma at Bedford College and to be in charge of this course.

Dr. Hercus had been appointed Professor of Public Health at Otago University and he was most anxious that a second nurse should be sent so that there should be in New Zealand a post-graduate course not only for senior hospital nurses but also for public health nurses. He recommended, in view of the information Dr. Baker had sent, that the public health nurse should be sent to Toronto University in Canada if the hospital nurse was to be sent to England. Miss Janet Moore, Matron of Waikato Hospital, was selected to go to London and left New Zealand in August 1924.

At this stage I had reached a condition which I think many nurses do. I had worked in one district for six years. I did love my work but it had become a tremendous effort even to cross the railway line on my bicycle into Sydenham. I was suffering from mental staleness and needed something fresh. At this juncture, when I was feeling so tired, I was offered the marvellous opportunity of being trained for this public health nursing instructor's position. It was a tremendous decision to make. It meant that I must provide for my sister who was only nineteen and had just begun work. We found a friend to live with her and I was able to see she was left provided for.

It had been agreed that before leaving New Zealand I should go to Dunedin to do my Plunket training, and at the end of the second term of the school year in 1924 I left Christchurch on the first stage of this new adventure.

In later years I always remembered this personal experience and the necessity to understand that if nurses are to retain their enthusiasm it is essential to provide them with fresh interests and mental stimulus. On many occasions I have had arguments with medical officers of health who were reluctant to see a nurse moved when she was doing good work, as they felt that the work would suffer. But if a nurse is carrying out a piece of work at which she feels stale, the work suffers as well as the individual. With a change of nurse, the work is often expanded again; there is a fresh personality and fresh ideas, and the nurse, given a different opportunity, expands also. I think this is a very important principle in administration.

Chapter VI

POST-GRADUATE EDUCATION

IN SEPTEMBER 1924 KARITANE HOSPITAL IN DUNEDIN WAS IN AN OLD wooden house. It consisted of four wards—premature ward, the weakling ward, babies' nursery, and the nursery for older children. The older children belonged to single mothers who formed the domestic staff. There were usually four of these. A mothers' cottage was situated nearby, providing accommodation for four mothers and babies. The nurses' home was known as "Brown Paper Alley". It was an L-shaped hutment building and in addition there were six single huts. Fortunately I was housed in one of the huts and although we had some distance to go for bathroom accommodation it was much quieter than the "alley".

The staff consisted of Miss Boissant, the Matron, two sisters and a home sister. There were sixteen Plunket nurses in training during the four months' course and ten Karitanes doing the eighteen months' course. Dr. Ernest Williams was the medical superintendent.

At this period Sir Truby King was still the Medical Director of the Plunket Society (The Royal Society for the Protection of the Health of Women and Children) and Miss Anne Pattrick was the nursing advisor. Both of them created a spirit of enthusiasm, and the whole hospital was inspired by an attitude of devotion to Sir Truby.

The babies were suffering principally from gastro-enteritis or other debilitating diseases. The results of the careful feeding and mothering were spectacular in many instances, and helped to develop the almost missionary attitude which distinguished Plunket nurses of that period.

The examinations were held towards the end of the term. The pass depended not only on the written paper but also on an oral examination and a report of the practical work of the student during the term, as well as a demonstration. Each member of the class was given a subject

which she must demonstrate to the remainder of the class as though they were a group of mothers. These demonstrations were instituted to teach Plunket nurses how to talk interestingly to groups of mothers.

The end of the year came and as I had not begun my term until September 1st, I had to remain at the hospital over Christmas. I did not finish until New Year. It was a hospital Christmas like most other hospital Christmases: carols, presents and, generally, a happy time. I was, however, very pleased to be going home again. I had enjoyed the term mixing with other nurses, the majority of whom were younger than myself, but I had now got away from institutional life, which I found very irksome. The walks along the hills were my salvation and the peninsula provided many delightful excursions.

I no sooner reached my home in Christchurch than I received word from Wellington that I was to report there on January 15th as I was to sail from Auckland on the 18th for Canada. It was a tremendously busy fortnight as there was so much to arrange. I was glad that I was sailing from Auckland and did not have to say a final goodbye at Lyttelton. When I reached Wellington I was provided with letters of introduction. I was told, however, that the Canadian authorities had not been informed that I was coming as it had been finalized only at New Year and there was no mail reaching there before my arrival. This was the day before air mails and the only other way of communication was by cable, which the department thought was unnecessary.

The chief clerk, Mr. Drake, was away on holiday, but his assistant, Mr. Buchanan, who was afterwards to become of great assistance to me as secretary of the Nurses' and Midwives' Board, prepared the necessary arrangements in regard to my salary, etc. The agreement was that I would receive leave on full salary and the department would pay my travelling expenses. I had to pay for my own fees, books, etc., out of my salary, which at that time was not very large. In return I had to sign an agreement to return to the service of the department for a period of five years.

I travelled by the old *Tahiti*, which was normally on the San Francisco run, but on that particular occasion was replacing the *Niagara* on the Vancouver run. The *Tahiti* sank a year afterwards in the mid-Pacific.

Once we had left Auckland I remember the feeling of being cut off. I was powerless to do anything about those left behind. The only thing to do was to plan and prepare for the future.

At the time of our departure there was a severe epidemic of poliomyelitis in New Zealand. In consequence we were not allowed to land at Suva. The ship had to lie out in the bay while cargo was landed and new cargo taken on board. I have a vivid recollection of seeing the Fijian police in all the dignity of their scarlet coats and white lavalava, when suddenly a watermelon fell from the loading sling. The melon lay at the feet of the sergeant. He could not resist it. He dived for it and fled behind the Customs shed, where we could see him eating it with great relish.

Honolulu was a most welcome port. We had a lovely day but were most disappointed with Waikiki which we had imagined would be a beach of fine wide sand; instead there was a narrow strip of rather fine shingle, with a long wide bay and the surf over the reef in the distance.

After leaving Honolulu we ran into a terrific storm and had three most uncomfortable days. Everybody was thrilled when we sailed into Vancouver Sound, but we had only an hour at Victoria as we were late in arriving. The voyage up the Sound at sunset with the golden glow over the large number of wooded islands sprinkled with snow, and away in the distance the peak of Mount Washington showing above a pink cloud, was an exquisite prospect. As we did not arrive until nine o'clock in the evening we were allowed to stay on board for the night. A party of us went on shore to see the sights and have supper before bed. Such a supper! The sight of a porterhouse steak, two eggs and potato chips all consumed by one individual was something to retell.

Next day I spent sightseeing with some of the other passengers as my train did not leave until evening. In the afternoon we went out to one of the parks to see the New Zealand footballers play British Columbia. They were returning after a trip to England, and defeated British Columbia by forty-eight to nil.

The journey through the Rockies in that first week in February was a revelation, with everything feet deep in snow. The winding grades among the mountains and the lovely vistas were a very new and delightful

experience. Finally came Winnipeg, where I said goodbye to the last of the passengers and started my adventures alone.

I had to stay for a day in Winnipeg as I was changing trains, so I took my letters of introduction and went to call on the medical officer of health and a Miss Wilson, who was secretary of the Overseas League. The temperature here was thirty-eight below zero. The fur coats, hoods and mittens of even the policemen, the sledges and the buildings, in some instances covered in ice, all presented a picture which was reminiscent of a fairy tale.

Dr. Douglas, the medical officer of health, arranged for me to visit an infant welfare centre and I was very interested in the methods employed. They were different from those I had been used to at Karitane and many of their ideas seemed most peculiar to me. Miss Wilson met me in the afternoon and took me to Parliament Buildings and also to call on the Director of the Public Health Nurses for Manitoba. I also saw the editor of the *Canadian Nurse*.

One fact that impressed me very much was that because of hard times the public health nursing staff had been reduced from forty-six to twenty-six. This made it impossible to carry out the same amount of work. It was the beginning of a depression.

Eventually I arrived in Toronto. In Winnipeg I had been advised to stay at the Y.W.C.A. rather than at an hotel because of the cost, so I took a taxi to the Y.W.C.A. on Elm Street. When I arrived I was told I could not have a single room. I would have to share if I stayed there. This I felt I simply could not do. However, not having had a bath for five days I felt one was essential, so I accepted a bed in a three-bed room. The two other occupants were girls who had come in from the country to the early spring hat sales. My voice immediately earmarked me as somebody strange and I was made to feel very much the outsider.

After having something to eat at a nearby café I went off to the City Hall to present my letters of introduction. Dr. Hastings, the medical officer of health, to whom my letters were written, was away ill in Bermuda. His deputy, Dr. Cruikshank, roared with laughter when he read my letter. He said, "You can't do what you have been

sent to do as the courses began in September and finish at the end of April." He sent for Miss Dyke, who was in charge of the public health nursing of Toronto, a tall slim woman with grey hair, beautifully dressed and with a charming personality. She was kindness itself to me and arranged for me to be taken to lunch with a member of her staff and made an appointment for me at the university.

In the afternoon I found my way to the nursing school at the university. This was situated in a two-storey wooden building, one of a large number of buildings of various sizes grouped round the Parliamentary buildings in Queen's Park. Toronto University consisted of many schools covering a wide area.

Miss E. K. Russell, who was in charge of the school, was not well, and I was seen by Miss Emory, her assistant. Miss Emory was a young woman who had had a great deal of experience in the United States as well as in Canada. She was exceedingly kind and made the suggestion that I should go to New York where a course had only just begun. This was left for discussion on the Monday when Miss Russell returned to duty. Miss Emory asked me where I was staying, and when I told her she said, "That won't do at all." She rang the Nurses' Club in Sherbourne Street and made arrangements for me to go there on the Monday. She also contacted Miss Campbell, of the Victorian Order of Nurses—the district nursing organization of Toronto—who lived at the association centre in Sherbourne Street, not far from the club. Miss Campbell very kindly asked me to spend the weekend with her, so it was necessary for me to return to the Y.W.C.A. for only the one night.

On the Saturday morning when I arrived to stay with Miss Campbell I felt most dreadfully homesick and completely frustrated, but her kindness and understanding and the warmth of welcome I received not only from her but also from her friend, Miss Harvie, who had worked with some of the New Zealand sisters during the war in the Middle East, gave me fresh courage. By Monday when I went to see Miss Russell I had acquired calmness and was able to discuss my future. It was decided that I would take the lectures which were being given to the nurses in training at the Toronto General Hospital—a course which all pupil nurses took, covering about five hours a week for a period of a month.

In addition I would attend a certain number of the lectures being given to the post-graduate students, who were completing their course and having their examinations early in April. It was planned that at the time of the examinations I should be attached to the City Health Department for a period of six weeks to do field work, to be followed by a month with the Ontario Provincial Health Department doing rural work.

Miss Russell suggested that I should go to Teachers' College in New York for the summer session of six weeks at the beginning of July and then return to Toronto in the fall for the first term of the post-graduate course of the following year. This plan was submitted to New Zealand and Miss Russell suggested that my time should be extended so that I could complete the whole course the following year. Although I had been sent at the wrong time and in the wrong way, this plan proved very much to my benefit. The introductory lecture courses gave me an appreciation of what the Canadians were working towards. Their whole system was largely different from ours in New Zealand at that time, and I felt they were talking a completely different language.

Chapter VII

TRAINING SYSTEM IN CANADA

THE TRAINING OF NURSES IN CANADA WAS CONTROLLED BY SEPARATE Acts in each Province. In some provinces the Act, i.e., examinations, registration, and supervision of training, was controlled by a provincial branch of the Canadian Nurses' Association. This was the case in British Columbia, but in Ontario this control was exercised by the Health Department of the province.

The period of training was three years and covered much the same syllabus as in New Zealand, except that there was no separate obstetrical training; each nurse was required to have three months' experience in obstetrics during her general training. This meant that the experience was much more limited than our own, but every registered nurse had had this training. Further, as there was no separate training for nurses in mental hospitals, many of these hospitals had nurses from the main hospitals who were affiliated to them for a period of three months. Added to this was a new plan to give each pupil nurse some knowledge of public health nursing. Classes were attended at the university and each nurse was expected to undertake two or three field visits with one of the public health organizations within a period of a month. This variety of experience made the basic training very comprehensive, but to my mind much was superficial knowledge and it was not possible for every nurse throughout the province to have the same experience.

In 1922 a post-graduate course had been started at the university to prepare nurses for public health positions. In 1924 this course included a course for the preparation of instructors for schools of nursing. It was hoped that by combining the students for most of the core subjects, and for some visits of observation, they would all acquire a preventive outlook in their conception of medicine.

The Canadian Nurses' Association impressed me as a very live

organization. It was greatly interested not only in the basic training of nurses, but also in the post-graduate courses. With the idea of stimulating its members the work of the association had been divided into various sections. The two most important and most active were the section dealing with nursing education and the one dealing with public health nursing. The president of the association was Miss Jean Gunn, the matron of the Toronto General Hospital, a particularly fine and able woman. Miss Gunn was very good to me during my whole stay in Canada, and I was fortunate to have the friendship of such a woman.

Although in New Zealand there would be only one training school in each hospital board district, in Toronto alone there were eight training schools, some large like the Toronto General, but some quite small. Even the sick children's hospital was a training school, but to gain the necessary adult experience the nurses were affiliated with other hospitals and had to spend, out of the three years, one year at the Toronto General and a further six months at the tuberculosis sanatoria and psychiatric hospital.

I had been in Toronto only a fortnight when Mrs. Maynard-Carter and Miss Olive Baggallay arrived from England. Mrs. Carter was at that time in charge of the International Red Cross post-graduate course at Bedford College, London. Miss Baggallay had a Florence Nightingale Bursary from St. Thomas's to visit public health training centres in the U.S.A. and Canada. These two stayed at the club in Sherbourne Street where I lived, and because they were eminent nursing visitors they were entertained by many of the nursing organizations. I was included in these parties and it gave me a wonderful opportunity for making friends. In addition I had letters of introduction to various people with New Zealand connections. Many people were extremely kind to me. To be given generous hospitality meant a great deal in a strange land.

At Easter Miss Baggallay and I went to stay on a fruit farm at Niagara where we saw the first of the hypaticas growing under the snow. From there we went to the annual conference of the Ontario branch of the Canadian Nurses' Association at London, a small university town in south-west Ontario.

The author at the commencement of training, 1911

A fortnight afterwards I was asked to return to London to address the annual meeting of the local Child Welfare Association, a voluntary organization. This was a most painful experience, as there had been a mistake made in the date, given to me at two hours' notice. I had to catch a train, leaving Toronto at 4 p.m. and arriving at London at 8.15 p.m., and go straight from the train to the meeting. Fortunately I had my material ready, otherwise it might have been extremely difficult.

At this time in most countries public health nursing was organized on what was known as a "specialized" service basis. Each type of service such as infant welfare, school nursing, or tuberculosis nursing, had its own nursing staff. The disadvantage of this was that more than one nurse might be visiting in the one home, each from a different angle, with no co-ordinated plan of action. On the other hand it was claimed that each nurse was a specialist in her own field and could give the best possible advice.

Toronto had set out to prove that by dividing up the city into districts and then each district into small areas, one nurse, provided she was carefully trained, could care for the whole programme of preventive medicine in one small area. This type of service was known as a "generalized" service, and had already attracted much attention from many parts of the world.

At the head office of the City Health Department were stationed an administrative and consultative staff. Then in charge of each district office—there were twelve of these—was a supervisory staff to see that each nurse kept a proper balance in regard to the various services and that the day-to-day work was up to date and carried out efficiently.

The only service which was not undertaken by the city nurses was the bedside care of those patients who were nursed in their own homes. This was carried out by the Victorian Order of Nurses. Even then there was close consultation with the city nursing staff to ensure that no conflicting programme was being proposed for the various problem families.

My field experience in Toronto was divided between two districts. One, the Moss Park area, was an old part of the city largely occupied by foreigners. At this time there was a great deal of unemployment. The housing situation to me seemed dreadful and the problems that

confronted us were many. The other area, Rosedale, was a wealthy district where the schools and clinics contained many amenities.

My next experience was the month in rural work. I went to Dundalk on the Georgian Bay of Lake Huron. There I worked with a school medical officer, Dr. McKenzie Smith, and a public health nurse, Annie Laurie Campbell, one of the dearest women I ever met. Rural Ontario to me seemed extremely primitive. The roads, except for the main thoroughfares, were known as corduroy roads and were made with logs of trees lying side by side covered with earth. Even the main thoroughfares were not paved, but were sprinkled with oil to keep the dust down. Thinking of the price in New Zealand, this seemed to me most extravagant.

Most farms were small. The houses were unpainted and as a rule attached to a large barn which housed cattle on the ground floor in winter and the fodder on the top floor. Because of the very short growing season—only three to four months—there were very few gardens. Farmers were very busy with their outdoor work during this time.

Our work consisted of the medical examination of school children, very much along the lines of what I had been used to at home, together with a clinic which was held at each school for pre-school children. At the end of the month a health exhibition was held in the town, two of the senior medical officers coming from Toronto to lecture. This month's demonstration was carried out with the idea of "selling" a public health nursing programme to the people of the country.

In Canada health was financed by local rates either on a city or county basis and the service depended on the amount of money available. There was no system by which either health or education was the responsibility of the whole province. This meant great variation in standards for these two services. For instance, at that time the education rate in Toronto was one dollar twenty-five cents per person, whereas in some of the adjoining towns it was as low as fifty cents. In some of the counties there were no rates at all.

In the Canadians' opinion, this was the spirit of democracy, but to a New Zealander it seemed a most unfair distribution. It certainly

meant that there were heights to which New Zealand did not reach but there were also depths which would not have been possible in New Zealand.

In the last week in June I returned to Toronto for a couple of days to get ready to go to New York. I had made arrangements to stay at International House on Riverside Drive. This house was given by the Rockefeller family to provide accommodation for foreign students attending Columbia University. It housed 660 and had excellent recreational and living conditions. I travelled to New York with a Canadian, Barbara Ross, who was on the staff of the City Health Department, and an Australian, Roi Chisholm, who afterwards became the principal of the Lady Emily McPherson Domestic Science School in Melbourne. On arrival we were met by a Miss Louise Robson, who was a lecturer at Teachers' College, and who earlier had stayed at the same club I lived at in Toronto.

Teachers' College is one of the colleges of Columbia University. Attached to this college was the school of nursing. There were nearly 13,000 students attending Columbia for the six weeks' summer session and the registration was a most complicated and difficult procedure. Miss Robson was extremely good to me and helped me at every turn. It was she who introduced me to Miss Isabel Stewart, the Professor of Nursing, and Miss Lillian Hudson, who was the Professor of Public Health Nursing. Among them all a programme was mapped out whereby I went to four one-hour lectures every morning, beginning at seven o'clock: one, educational principles; two, supervision of public health nursing; three, mental hygiene; four, preventive medicine. In the afternoons I was to observe various types of field work being carried out. This I did with the Harlem demonstration centre, the Henry Street visiting nurses and the national organization of public health nursing, in addition to the city public health nurses.

It was a most congested programme, but most of the lectures were interesting and certainly I saw a side of American life which gave me a very different picture from that which the average visitor saw. I learned to appreciate our own social services, although they were so much more limited at that time.

I have a vivid recollection of spending an afternoon with a Henry Street nurse moving an old couple who could not afford to maintain a home. The father was taken to one member of the family and the mother to another. The old couple were most distressed at being separated and when I said to the nurse after we had delivered them both, "Such a thing would not happen in New Zealand because they would both get the old-age pension", I was informed that old-age pensions were "completely wrong" and that people should be able to provide for themselves.

The Harlem demonstration centre was financed by two of the American foundations as an experiment to see whether it was possible to include bedside care in a generalized public health nursing programme. It covered an area of several blocks on the east side of New York, with a population of approximately 10,000. Each nurse had one small area, which was usually only a block square but contained several large tenements, many of which had even ten storeys. At the centre were held several clinics. There was also a day nursery to which many of the small children in the district came.

The Henry Street visiting nursing organization gave only bedside care but they combined with it quite a large maternity programme, so that they had ante-natal and post-natal clinics and cared for their mothers through the puerperium. The other nursing organizations which I visited gave mainly specialized services.

The housing and living conditions in many parts of New York were totally different from anything I had seen before. Some of the tenements had only one tap to each floor and living conditions were very bad indeed. On the other hand in some districts tenement buildings contained flats which were completely self-contained and very satisfactory. To my surprise I found that there was quite a lot of child labour employed in homes at factory work. One Italian family we visited had six little girls and on a hot summer morning when we went into the living room there were five of them all employed, the older ones embroidering step-ins, the younger ones making braid frogs for pyjamas. None of the children was over twelve. In this district this was quite a common practice.

As well as work, we tried to cram in the sights of New York. This generally had to be done at the weekend. Attached to International House was a cosmopolitan club, which organized excursions at the weekend. The first Saturday we thought we would join one scheduled to visit Chinatown and see Chinese art at the Metropolitan Museum. It was our first and only experience of such an excursion. We assembled at Grant's Tomb, about two hundred of us. We piled into buses and were escorted by a man with a megaphone and a girl with a flag. We stopped first at the Metropolitan Museum, where we were shown Chinese art by a Chinaman who knew little or nothing of what he was showing us. We could read more from the excellent labels. From there we went to Washington Square, where we disembarked in a procession and went to a Chinese restaurant for lunch. After lunch there were lectures on Chinese education, and then back into the buses to Chinatown in the Bowery. When we discovered we were to have more lectures on this extremely hot day we decided we had had enough and took the elevated back to the centre of the city and had a delightful dinner at a restaurant. We finished the day by going to see "Abie's Irish Rose". It was a relief after too much mental indigestion. The remainder of our weekends we decided to plan for ourselves. We saw a great deal of New York and its surroundings—a vast city with endless things to do.

At International House every race except the Negro was represented. There were a great many Chinese and Indians. At this period there was a great deal of anti-British feeling. The Cosmopolitan Club had organized a series of lectures which were sometimes given in the evenings. On one occasion I went to one of these with an English nurse, Rose Simmons, who was also in the house for the summer session and with whom I had made friends. This particular lecture was on British rule in India. The two speakers were an Anglo-Indian professor from Lucknow University, and an American. Both speeches were violently anti-British. Never will I forget the uproar at the end of the meeting when the last speaker said, "India will never have the guts to push the British out of India." The Indians in the audience, of which there were a very large number, were wildly excited and went out on

to the Campus and burnt the Union Jack. Never until that night had I realized how much my nationality meant to me.

New York is the home of the Metropolitan Opera and we had wonderful opportunities for hearing beautiful music. "Aida" was performed one evening out of doors in the stadium with two orchestras. It was a perfectly still, hot night, and you could hear every word. The effect on a summer night under a starry sky was very lovely.

Another of the pleasant episodes was a weekend at Babylon, a nurses' holiday home on Long Island. It was a beautiful home with a lovely garden, and nearby were the residences of several multi-millionaires. I found that when you went bathing you had to pay two dollars for your bathe, as the beach was palisaded off into bathing areas. This was done to prevent the crowd invading the area.

Chapter VIII

INTERLUDE IN ENGLAND AND SCOTLAND

AFTER SIX WEEKS OF THIS LIFE I SAILED ON THE *Columbia* TO SCOTLAND. I had obtained leave to spend the next six weeks in England and Scotland before I returned to begin the new university year at Toronto in October.

When I left New York a Miss Florence Johnson, who was in charge of the Red Cross Nursing Service for New York City, came to see me away and brought with her as a present a knitting bag containing twelve small parcels, one for each day of the voyage. I thought it was extremely kind of her as I had met her only at Babylon. Miss Johnson was a very fine American woman. From that date until the present she has written to me every Christmas. She met me in New York in 1937 and again came to meet me in 1947, and was the last person to say goodbye to me on that occasion.

When I arrived in Glasgow I was met by a cousin and went to stay for a few days in Ayrshire with her family. From there I went north through Perth and Pitlochry to Lossiemouth, where other cousins had a house for the summer. I stayed with them for a few days, visiting many places of interest including the Highland Games at Gordon Castle. I also had the good fortune to meet Mr. Ramsay MacDonald, who came to tea on the Sunday I was there. My father had always been violently opposed to Ramsay MacDonald politically, but I was very glad to see what an interesting type of man he was and to hear him speak.

From there I went to other cousins at Inverurie, in Aberdeenshire, where we visited Balmoral and the other sights of this county; then Perthshire, that lovely county, probably the gem of Scotland.

Finally, I returned to Glasgow, where the cousin with whom I had been staying at Lossiemouth had returned home. This cousin was chairman of the education authority in the city of Glasgow and was most

anxious that I should see some of the health and education work being done by the city. I visited open-air schools, schools for handicapped children, infant welfare clinics and some of the slum areas. Never had I imagined that I should see children so deformed by rickets. I came away feeling that excellent work was being done quietly without a great deal being said about it.

From Glasgow I went to Birmingham. There I spent a couple of days in the City Health Department. Among other things I saw the very interesting residential crippled school. I spent two days visiting the Cotswolds, Warwick, Leamington, Stratford-on-Avon and many other lovely spots. A day in Oxford, a long weekend in Windsor with a friend, and then London.

Here I stayed at 15 Manchester Square, the hostel of the Red Cross International Course. Mrs. Carter, whom I had met in Canada, was my hostess. She had arranged a programme for me through the London County Council, both with the health visitors and the school nurses. What problems the East End and Southward, the districts I visited, presented! Again there was the problem of rickets and cramped, poor houses. Pediculosis was coped with by way of cleansing stations. I felt that if I had to remain and work under such conditions I would be a raving Socialist. In spite of it all there was something fine about many of the people.

I loved London. After being in New York it was like coming home. So much of it was familiar because of pictures that I had known all my life and impressions gained from reading. There were endless things to see. Three weeks only whetted my appetite for more.

At Manchester Square I first met Miss Janet Moore, who had just completed the international course in hospital administration and teaching of nursing. She was ready to return to New Zealand and as she was to visit Canada and the United States on her way home, we had arranged to sail together on the *Ascania* to Montreal so that we could become acquainted and discuss the future. We had a most enjoyable trip until we neared the coast of Labrador, when passing through the Straits of Belle Isle we encountered several icebergs. From then on until we were in the St. Lawrence the weather was very cold and stormy.

We arrived in Canada in the fall. Quebec on a grey day with the maples, the most glorious gold and scarlet showing up against the old grey and brown buildings, no one could forget. We passed under the bridge up the St. Lawrence and finally arrived at Montreal early one morning. Here we were to part. I took Miss Moore to her hotel, the Windsor, but had great pleasure in escorting her to a cafeteria for breakfast, where we had to sit on stools around the counter. I left by train immediately afterwards.

Chapter IX

AT TORONTO UNIVERSITY

I APPROACHED TORONTO VERY DIFFERENTLY NOW. I HAD MANY FRIENDS to go back to, I knew the Canadian nursing scene, I had got over that feeling of mental strain, and I had learned that visitors to another country must be careful in expressing opinions and making judgments until they were sure of their facts.

The school of nursing at Toronto University that year had thirty-six students, of whom twenty were taking the public health course and the others that of hospital administration and teaching of nursing. Among the students were seven Europeans with Rockefeller Foundation scholarships, three Poles, one Czechoslovakian, two Yugoslavians and one Hungarian.

The philosophy of the school was that preventive medicine was not a separate entity, but rather should be interwoven through the whole programme of the teaching of nursing. With this in mind there were certain core subjects which the whole group took together, each class separating for certain special subjects and for field experience, although the visits of observation were paid together.

The subjects embraced preventive medicine, including bacteriology, psychology, economics (which was elective but which I took), educational principles and practice teaching, public health nursing, nutrition, and a short series of lectures on special subjects such as ante-natal care, infant welfare, school nursing, tuberculosis and dental care. Each week there were certain observation visits and after the first two months the students did a certain amount of practical work each week. This was further supported by a period of six weeks' field work at the end of the course. This latter period I was excused in view of the field work that I had done earlier.

Our lectures in educational principles were given by Miss Russell.

This was a subject in which she was intensely interested. Again and again she stressed the need for practical experience if students were really to learn, and for facilities to practice the teaching given.

Our practice teaching was supervised by both Miss Russell and Miss Emory to begin with and later by the teacher of the class we were instructing. The class I was responsible for consisted of small boys aged from eight to ten in a Jewish area—a most difficult group of children to inspire. The area was very poor. The people were Jews from Central Europe, many of whom spoke little English. They lived the life of a Jewish city within a city. It was certainly an experience to try to encourage those children to practise the rules of health. To me it seemed almost impossible at times.

At Christmas we had ten days' holiday. I spent them in Toronto. What a Christmas! The ground was covered three feet deep in snow. Most of the traffic was on sleighs, and cars used chains on the wheels, the snow plough clearing a track down the centre of the road.

The Canadians made a great festival of Christmas. The windows of the houses would be decorated with wreaths of leaves either frosted or tied with bright red ribbon and lighted candles. In some instances little Christmas trees were out in the snow decorated with electric lights. Turkey and cranberry sauce, pumpkin pie and many other Canadian dishes were on the groaning dinner tables.

After Christmas I left for Cleveland, in the United States, where I spent a week at the Western Reserve University Hospital to study their integrated programme of public health nursing in a basic curriculum. Miss Powell was the Dean of the school. The hospitals, which were a series of special units round the Campus, had only recently been built and had many interesting features in their construction and administration. It was a worthwhile visit.

The second term at Toronto was very busy. Towards the end of it one of our Polish students with whom I had become very friendly married an American doctor, cancelled her scholarship and went to live in the United States.

Then came examinations—the bug-bear of all students—and finally a farewell dinner at the university. At this dinner I sat next to Sir

Robert Faulkner, the Dean of the university, and had to make a farewell speech. I had a new frock and thought I had learned to eat Canadian salad with a fork. But to my horror, just before it was my turn to speak, my fork, pressing on a heart of lettuce, slipped, and my black georgette frock was covered with mayonnaise and walnuts!!

When I left Toronto at the end of April the ground was still covered with snow. It had been powdery when I arrived at the beginning of October and we had never seen the ground without snow during the whole period. The sun shone but there was no warmth. If you were able to ski or skate, outdoor sport was possible, but walking, as we are accustomed to, was not possible for any distance because of the snow and ice.

I said goodbye to Toronto with very mixed feelings. I was very glad to be going home to see my people, but I hated saying goodbye to so many kind friends whom I had come to love and appreciate. I have always realized how much I learned in Canada. Toronto is a city which, although conservative in some senses, is a great education centre. It has an excellent musical group, a very good school of art, and offered to students a wealth of material.

I returned to New Zealand by way of Chicago, where I had twenty-fours hours, then through Utah to San Francisco, where I had four or five days before sailing. I stayed with an old Christchurch Hospital friend who was working as a radiographer at one of the big hospitals. San Francisco then, as always, reminded me of Wellington. It is, of course, much larger, but the steep hills surrounding the bay, the narrow entrance to Golden Gate, and the layout of the city offer many points of similarity. A friend drove me via the coast road to Los Angeles, returning inland through the redwood forest, a trip which gave me a glimpse of California.

Eventually I embarked on the *Makura* for New Zealand. I found that Dr. and Mrs. M. H. Watt were on board. A month previously I had met Dr. Watt for the first time in Canada. He had been paying a visit to Canada and the United States after a conference in Japan. This was one of my lucky opportunities as it gave me a chance of knowing him and discussing future plans for the development of our own work in New Zealand. At this time Dr. Watt was the deputy Director-General of Health, second to Dr. Valentine.

Our two ports of call across the Pacific were Papeete, in Tahiti, and Rarotonga, in the Cook Islands. Finally we steamed into Wellington. What a small, insignificant little place it seemed! I wonder how many travellers have had the same thought on their return. It is only when you return that you realize what you left and can appreciate properly your own environment.

After my arrival, and a visit to my people, I reported to the head office of the Health Department. There I was informed that because of difficulties which had arisen during my absence between the university and the Health Department over the payment of the salaries of Miss Moore and myself, the course I thought I was returning to teach had not materialized and at the time there seemed little prospect of any solution to the problem.

Miss Moore was attached to the nursing division of the Department as an inspector and had been conducting one or two refresher courses, but it was quite obvious to me that neither Dr. Valentine nor Miss Bicknell, the Director of the Nursing Division, knew on what I was to be employed.

I was very disappointed and felt as though the bottom had dropped out of everything. Various suggestions were made to me and I was given a week in which to make a decision. I was going to Wanganui for two or three days to see one of my sisters before going to Christchurch, and while I was at Wanganui I decided that as I had not done my midwifery training—which I had wanted to do earlier and had been prevented from doing—this was my opportunity. So on my return to Wellington I saw Miss Bicknell and applied for more leave. The period of training was ten months. There was no salary and I had to provide my own uniforms but I thought I could manage the expense if I were careful. I didn't think I would ever be able to have the time again and for many reasons it was necessary that I should have this experience. My request was granted and I returned to Christchurch for a fortnight to see my sister, make the necessary arrangements regarding my home, and report back to Wellington's St. Helen's Hospital, where I was to begin in the middle of June.

It was a very different outcome of my eighteen months abroad from what I had anticipated.

Chapter X

MIDWIFERY TRAINING

IN JUNE 1926, WHEN I BEGAN MY MIDWIFERY TRAINING AT ST. HELEN'S Hospital, Wellington, the hospital had twenty-six beds and nursed approximately 450 cases a year. There were also about fifty district cases a year. These hospitals had been established by the Government to provide a free maternity service to people of poor income and to establish training schools for midwives. The hospital, which had been built ten years earlier, consisted of two floors with wards of four beds, two beds and one bed. There was a good day room and a nursery which was considered reasonably large at that time. The sterilizing rooms and sanitary block were too small for the number of beds.

In 1923 a Commission of Inquiry had been appointed to investigate the maternity services of the Dominion, and in 1925 Dr. Paget was appointed an inspecting medical officer for obstetric hospitals. Dr. Paget had introduced a standardized aseptic technique. This had been in operation only a little over a year at the time I began my training. The facilities of the hospital had not originally been planned to carry out a technique of this kind. This made working conditions more difficult than they would have been in a newer hospital.

The medical superintendent was Dr. Agnes Bennett. The matron, Miss Newman, became ill very soon after I took up duty and was replaced by Miss Mary Boyce, the assistant matron. There were four sisters, four midwifery trainees and ten maternity trainees. Nurses in training at that period received no pay and they supplied their own uniforms. In addition to an indoor uniform of holland dress and aprons, it was necessary to supply a district coat and hat as well as an obstetric bag equipped for district work, so that there was considerable expense for any nurse undertaking this training.

The district uniform at this period consisted of a green coat and a

straw boater with a green hat band bearing a monogram in the front. Several of the trainees decided that these hats were completely out of date and protested about them to the matron. Eventually the boater hats were changed to cream felt slouch hats. The coats were expensive and another nurse and myself decided we would have one coat between us. As she was thinner than I was we had to have two rows of buttons! It was really a hideous uniform.

The hours of duty were long—a ten-hour day—and during the whole of the period of my training, ten months, I had only one day off. In addition nurses had to do night call so that the normal hours were often considerably lengthened. Under these conditions it was understandable that most nurses became very tired.

Just before I began my training, the Health Department decided that mothers should be given more pain relief and the Murphy inhaler for the use of chloroform was introduced. The only analgesic used was morphia and hyoscine. There was a very good ante-natal department with a sister in charge.

Our medical lectures were given by Dr. Agnes Bennett, who was a good teacher and knew how to keep her class awake and interested. On the nursing side, however, our lectures were just dictated to us. I had just finished a course on how to teach, and on many occasions I rebelled inwardly at this kind of teaching.

I mentioned that the hospital included district cases. Some of these were conducted by doctors and in these cases the nurse only assisted, but the majority of these cases were the responsibility of the hospital, so that if the case was a normal one, one of the sisters, with a midwifery trainee, undertook the delivery. Martin Square, Taranaki Street and Tory Street were our hunting ground. The circumstances in many of these houses were appalling. The grubbiness of the rooms, the lack of even a clean bed or means of boiling water satisfactorily were evident. We always took a supply of hospital linen with us but this had to be washed and brought back by the nurse or it would never have been seen again. The experience we gained was excellent and the patients were certainly given individual consideration.

Eventually time for examinations and the end of the term drew near.

At this period the examination consisted of a written paper and an oral examination which was conducted by both a nurse and a doctor. The nurse who examined me knew who I was and set out to trip me deliberately. However, I gained a satisfactory pass, which was the main thing.

One of the visitors who came frequently to the hospital was Lady Alice Fergusson, the wife of the Governor-General. In later years I knew the wives of the various Governors, but I never met anyone with Lady Alice's ability to sit and talk to a mother as though she were her next-door neighbour. Lady Alice was very interested in mothers and babies. She would arrive unexpectedly at any time of the day and go round the wards chatting informally, and in consequence was dearly loved by everybody. I could imagine that someone else visiting a hospital in this way might have been a nuisance to the administrative staff, but I am sure that Lady Alice never was.

I left Wellington's St. Helen's, having learned many things besides my midwifery training. In the first place I was much older than the rest of the trainees and because I was going back to head office I felt that frequently I was unfairly treated. I had forgotten how unkindly sisters could speak to nurses under them or how indifferently they could speak to both patients and staff.

One or two who behaved like this stood out in comparison with the others who had sweet personalities. Because I had so little money during my period of training I had to take my amusement by walking round the Wellington hills near St. Helen's. Much bad temper was overcome in this way and at the same time a great love of Wellington's beauty grew in me.

When I said goodbye I determined that if ever I had opportunity I would try to eliminate some of the difficulties and disabilities that I had experienced in common with the rest of the nurses.

Final class with Matron and Superintendent, 1913

Chapter XI

APPOINTMENT TO HEAD OFFICE

ON LEAVING WELLINGTON I WENT HOME TO SELL OUR HOUSE AND establish my sister in a flat. As I was to be appointed to the head office of the Department in Wellington, I would not be returning to Christchurch. I began on April 1st, 1927, after a period of over two and a half years' study and preparation.

The first difficulty was over my salary. It was considered by some of the administrative officers that as I was only a public health nurse my salary should be less than that of Miss Moore, who was responsible for hospital inspection. I mention this as I felt that there was an important principle involved. If public health nurses of the future were to hold the position they should, it was necessary that they should be on a basis of equality. Eventually this was granted.

The head office staff consisted of the Director-General of Health, Dr. Valentine, and his deputy, Dr. M. H. Watt; the Director of the Division of Public Hygiene, Dr. T. McKibbon; the Director of School Hygiene, Dr. Ada Paterson; the Inspector of Maternal Welfare, Dr. T. Paget; the Director of Maori Hygiene, Dr. Ellison; and the Director of the Division of Nursing, Miss J. Bicknell. In addition there were the Secretary of the Department, Mr. von Keisenberg; Mr. C. J. Drake, the chief clerk; and Mr. J. Buchanan, secretary of the Nurses' and Midwives' Board and other boards. There was also an architectural staff.

In the district offices each district had a medical officer of health, two or more school medical officers, and one or two nurse inspectors, according to the size of the district. The nursing staff consisted of fifty school nurses and twenty district nurses to Maoris, two groups working quite independently of each other. There were also health inspectors and clerical officers attached to each district office.

The Department at this time had only four district offices—Auckland,

which covered from the North Cape to south of Taumarunui; Wellington, which on the East Coast extended to East Cape and on the West Coast to the Awakino River, and in addition took in Nelson and Marlborough; Canterbury, which included the West Coast and south to the Waitaki River; Dunedin, which covered the remainder of the South Island.

Dr. Watt, the deputy Director-General of Health, had spent some time in the United States and Canada observing county health units, and he was very anxious to break up these big districts, as he felt the officers were too distant from the field and that in consequence the supervision was inadequate. Dr. Watt had obtained permission from the Minister to develop three small districts as an experiment, and he was anxious that I should assist him by making surveys of these areas, which were Taranaki, North Auckland, and the East Coast. The object of these surveys was to find out exactly what nursing staffs there were already in the district, whether these could be distributed more evenly, what additional staff was necessary, and what generally was necessary to enable a generalized public health nursing service to be established.

My previous experience had been in the South Island, where the number of Maoris was very small and where the special problems of a Maori district did not have to be considered. The conditions I was seeing were in many of the districts new to me. At the same time the district nurses in their various areas were not accustomed to having a supervising nurse visit with them.

At this period the only nurse inspector of district nurses was stationed in Auckland and as she had many other duties there was no hope of her knowing the nurses' districts individually. She knew the nurses and corresponded with them, and would see them in her office, but she had never worked with them. I felt that I could not know the work which was being carried out or the difficulties the nurses had to contend with unless I spent some days with each nurse in her district.

Many of these nurses were doing marvellous work under extremely difficult conditions. The houses of most of them were very poor—one nurse lived in two rooms attached to a washhouse of someone else's house, with no bath. Only a few had cars and often they were their

own property. One nurse had even used an insurance policy to buy her car. The majority had to manage as best they could with public transport and a bicycle or horse, and where there was no public transport they had to borrow rides in butchers' carts or any other conveyance that might be available in the district. The districts were far too large for fully effective work to be done. A great deal of time had to be spent in teaching someone in the home to look after cases of sickness. This, of course, was very useful but there was little preventive medicine being taught.

In the more settled districts there was considerable overlapping of services and many of the nurses were very ignorant of the principles of social work. Relief in the form of groceries and supplies would be given to poor families with little thought or plan for the family's future development.

After preparing reports on the public health nursing services in these three areas, I suggested to Dr. Watt and Miss Bicknell that there should be a series of refresher courses. This would mean that the staff would be given a knowledge of the newer ideas in nursing education, and at the same time would acquire a background of knowledge which would help us for field experience if we ever did have a post-graduate course for nurses. We would have to depend on the existing staff to give the new students the necessary field experience. It was decided then that Miss Moore and I would jointly give these refresher courses.

The first was held in Wellington and lasted a week. At that first lecture, with all the senior members of the staff sitting in the front row, I was very nervous and talked so quickly that when half an hour had gone I found that I had almost completely finished my material. I had to pull myself together and recapitulate the main topics of my lecture to fill in the necessary time, illustrating my points with incidents that came to my mind.

In Auckland we decided to ask representatives of all the different organizations carrying out phases of public health work to talk for five minutes on their own subjects. I visited the charge person in every case the week before and to my surprise they all agreed to do it. However, when the time arrived, only three out of ten turned up.

In Dunedin, on the other hand, when I approached the various organizations to do a similar thing, I had great difficulty in persuading people to come at all. In fact in two instances I said that if they did not come I would do it myself although I told them that if I were in their position I would not like a stranger to talk about my own work. However, everybody came to a most interesting session.

There was no doubt that these refresher courses were of great value. We were able to introduce new ideas so that the nursing profession knew something of our future plans.

Another duty which was given to Miss Moore and myself was the setting of the oral examination papers and helping with the State examinations. In the first paper I had anything to do with I set, among other questions, one which asked for the difference between passive and active immunity. A few days after the examination a matrons' meeting was held in Wellington and Miss Moore and I were very amused inwardly at the comments about this dreadful paper, largely because questions of this kind had never been asked before and there had never been any attention given to bacteriology.

The New Zealand Registered Nurses' Association consisted of approximately seven branches at that time. In Toronto I had observed that the public health nurses of the Canadian Nursing Association had organized monthly lunches in Toronto so that they could plan their work together and have the opportunity of hearing any interesting speakers on subjects which would affect their work. With this in mind I thought we might follow up our refresher courses by organizing public health lunches in Wellington as a beginning. There were no fewer than ten different organizations working in the city, most of whom knew nothing of one another.

We began by arranging a lunch which we held at the Y.W.C.A. I asked Dr. Elizabeth Bryson to speak, because she was an exceedingly good speaker with a charming personality. Dr. Bryson spoke well and we had a very good lunch for our money, yet the coldness of everybody and the chilly atmosphere sent me away almost in despair. However, after three or four lunches this had completely broken down and a new era of co-operation and friendliness developed. Later, similar

lunches or teas were held in the other large centres. This principle of bringing together at intervals the nurses engaged in one special field has proved most valuable.

Towards the end of the year there was still no prospect of any post-graduate course. Miss Moore and I were very worried and we decided to see the professors at Victoria College to suggest that a course might be established in Wellington. We decided to do this without saying anything to anybody. I made an appointment with Professor Hunter (afterwards Sir Thomas Hunter) and he arranged that we should have a subsequent meeting with Professor Gould, Professor of Education, Professor Murphy, Professor of Economics, and himself. We took with us syllabuses of both the Toronto and Bedford College courses and an outline of what we thought could be given in New Zealand. Professor Murphy was at first very sceptical, but Professor Hunter was most helpful. He at once said that he felt the University should help in any new movement which would benefit the community. He could see that a school of the kind we had suggested would materially affect the nursing profession and so improve the health service to the community.

After this helpful reception Miss Moore and I returned to the Department buoyed with all manner of ideas. We sought an interview with Dr. Valentine, Dr. Watt and Miss Bicknell, and placed our ideas and suggestions before them. We pointed out that in Wellington we would have the benefit of lecturers from the head offices of the various departments, we would have a much larger hospital field to work with and a much larger public health field, and what was of paramount importance, Victoria College professors were willing to help us.

These suggestions won a ready acceptance. The scheme was carefully outlined and submitted to the Minister and the Public Service Commissioner, Treasury's consent was obtained and the authority was given for the course to start in 1928 at the beginning of the academic year. This authority was given only in October and our students would have to begin at the end of February. We had no school, no equipment, in fact, nothing to begin with, and it seemed as though it was almost impossible. In spite of the difficulties, we were ready.

Chapter XII

POST-GRADUATE COURSE

AFTER THE GOVERNMENT HAD APPROVED THE SETTING-UP OF A POST-graduate course in Wellington it was decided that it should be under the general guidance of an advisory committee, which was to consist of representatives of the Health Department (the Director-General or his deputy being chairman), Victoria College, and the Hospital Boards' Association. The department approached Victoria University College Council to ask if it would give permission for this representation, and whether the College would agree to endorse the diplomas granted to the students. This was agreed to. At the same time a scale of fees covering all the lectures given to the students at Victoria College was fixed, and it was decided that these fees would be paid in a lump sum to the college by the department rather than by individual students. The students' fees, which were set at twenty guineas, would be paid by the student to the department, which would be responsible for all fees paid to lecturers.

Wellington Hospital was asked if lecture-room accommodation and an office could be granted for the course. The Hospital Board was generous in its response and made available the main lecture room in the front of the new administrative block, and an office which was a fairly large room and could be used as a second classroom. Publicity for the new course was gained with articles in the newspapers and in the nursing and medical journals. A circular was prepared and sent to all hospital boards and district offices of the department and to voluntary organizations employing nurses. This circular set out the object of the course and recommended to hospital boards that bursaries should be awarded to applicants to take this course. A sum of £180 was agreed to by the Government as a suitable amount for the

bursary. The circular also stated that applications should be received by the department not later than February 1st.

These procedures had meant that November and December were exceedingly busy months. At Christmas, Miss Moore and I left for our annual leave with a great feeling of satisfaction, but realizing what a lot there was to be done on our return if we were to be ready for students by February 26th. We returned in the middle of January. Our first task was to order equipment as we had not even desks or chairs for the students. These arrived the day before the students.

The New Zealand Registered Nurses' Association had in hand £120 which had been collected as a memorial to Mrs. Grace Neill, the first nurse inspector of hospitals. This money was now given to the post-graduate course to be spent on the nucleus of a library, provided the library was called the Grace Neill Library. I doubt whether any two women ever had greater pleasure in spending money than we had in spending that £120 for the nucleus of what has since become the most important nursing library in New Zealand.

Apart from equipping the school there was a great deal of work to be done in the preparation of lectures for our own classes, discussing the curriculum with the various lecturers, and arranging the contents of the syllabus. It had been arranged that Dr. Shore, from the Wellington district office, would give the lectures on public hygiene, assisted by various health inspectors and architectural inspectors for special subjects. Dr. P. Lynch, of Wellington Hospital Pathological Department, was responsible for the course on bacteriology, and Miss Reid, the dietitian of the hospital, for the course on nutrition.

At Victoria College Professor Hunter, assisted by Dr. Sutherland, took the course on psychology, Professor Gould on educational principles, and Dr. Heine on social economics. Various other special lectures were arranged throughout the year including three given at Karitane by the matron, Miss B. Clarke, two on the child welfare division, hospital finance, superannuation, control of stores, etc.

Arrangements had to be made for observation visits to various organizations and special plants such as the milk department of the City Council, Wallaceville Laboratory, etc., and field work in the

form of observation in the hospital departments for the hospital students, and with the school and district nurses for the public health nurses. This was not all fully organized before the course began, although tentative proposals had been made to ensure that the field and lecture programmes were correlated.

Finally on February 26th, 1928 the post-graduate course for which New Zealand nurses had fought and striven so long, materialized, and was formally opened by the then Minister of Health, the Hon. J. A. Young, and Dr. Watt, the deputy-Director-General of Health. There were twenty-eight students, twelve of whom were taking the Public Health nursing course, the rest taking the course on hospital administration and teaching of nursing.

How proud we were that day, and I can remember vividly Miss Moore saying to me, "It will take ten years for us to see the effect of this school on New Zealand nursing." I think it did.

The students were a senior group of experienced women. Four of them were taking the course independently and were younger, but even this group had been qualified three or four years. It was only a six months' course and we tried to put far too much into it at the beginning. We were so anxious to cover all the subject-material that we ourselves had had in our studies overseas. There is no doubt that the tendency during the first two years was to overload the theoretical side of the course, probably at the expense of the field work. On the other hand, the students were senior women. The majority had had previous experience in the work they were undertaking and the theoretical side was entirely new to them.

Our accommodation at Wellington Hospital became a problem. The main lecture room, which looked on to the street, was so noisy that it was almost impossible to speak. In an attempt to deaden the sound the walls were hung with curtains but even this had little effect. In consequence, partly because of this and partly because the hospital classes had enlarged with the intake of additional staff or a new block, we were offered a smaller room at the top of the staircase on the same floor—a room which afterwards housed medical records.

The school carried on in this small room for two years, and then

the hospital board offered the department a small wooden building by Victoria Ward which had been the occupational therapy unit for ex-service patients, and in the third year, 1930, we moved to this building. This was a very great improvement, as there was now space for two lecture rooms, office, a small store, and our library cupboards could fit well into the larger of the two lecture rooms. The only disadvantage was that the building was very cold until more heating was introduced.

The first two years Miss Moore and I attended all the lectures given by other lecturers, to be sure of the content of the courses and to arrange our own lectures to fit in and cover the gaps which inevitably were left. This we did between us. It meant that our own free time for preparation was very limited, because we tried to give individual students a good deal of personal coaching.

In spite of all these difficulties, though, the theoretical courses were arranged fairly smoothly. But after two years we decided to drop the course on social economics, as we found it did not apply to our requirements and there were other subjects which we felt would be of more value to students in such a limited time.

The greatest difficulty was in organizing the field work as we wished. On the hospital side Miss Moore found that sisters in the tutorial department, as well as in the wards, were reluctant at first to have the students observing, and certainly did not want them to carry out actual duties. This meant that Miss Moore had to follow her students into the various departments to be sure that they obtained what she wished.

On the public health side I had much the same difficulty. To begin with, the school nurses did not like taking students into the schools to work with them and certainly did not like taking nurses into patients' homes with them. To overcome this I decided to take over one city school myself and undertake to do the work of the school nurse, including home visiting. This I did for two years and I found it much more satisfactory.

By that time we had arranged that one or two nurses who had taken the course would be attached to the local district health office, as vacancies occurred. They understood the needs of students, so that

after that it became unnecessary for an instructor of the course to be responsible for any particular school.

To show students conditions other than those in Wellington, in the second year arrangements were made for a period of field work in May during the University vacation. Students were to be sent to see work in other hospitals or in other health districts, and gain rural as well as city experience.

Dr. Watt and Miss Bicknell had arranged that in between courses Miss Moore and I should be used for inspection duties. This meant that we were visiting ex-students, following them into their new positions, and we were able in this way to help them and also to suggest both to hospitals and to district health officers improvements that we could see were necessary.

There is no doubt that this combined duty was of tremendous value to the students and enabled the hospitals and district officers to understand more quickly the object of our course. Our students from the beginning were most enthusiastic and became an excellent advertisement for us. The hospitals, appreciating their work, nominated good students, and for the first three years the class had a full roll. We had decided we would not be able to accommodate more than thirty students and give them the necessary instruction.

I had found during this period that I enjoyed teaching, though at first I had missed the contact with the field work, but I found that through my students I was having influence in a larger field. Miss Moore, in the same way as I did, found that the principles and ideas she was trying to inspire in her students were in turn being reflected throughout the hospital administration.

It was a small beginning. The school was very simply organized, but it has expanded throughout the years to meet the needs of New Zealand nurses. The diploma and the badge to which we gave so much consideration during those first few years have remained unchanged.

Chapter XIII

HAWKE'S BAY EARTHQUAKE

MISS MOORE AND I RETURNED TO DUTY TOWARDS THE END OF JANUARY 1931 to get ready for a fresh year's work. We had been back only ten days when one morning we got word that the earthquake we had felt about eleven o'clock had been of major intensity in Hawke's Bay and that the town of Napier was in ruins. I was sent for by Dr. Watt who had just been appointed Director in place of Dr. Valentine. Dr. Watt told me that official news had been received through the Navy that the town was on fire and the hospital had been destroyed. I was to go to Napier with a relief party and take charge until somebody came to relieve me or until I received fresh instructions. I was to report at the Town Hall from which the party of relief cars was to leave soon after 3 p.m. I got a taxi and rushed home to put a few clothes together, and to collect the only two uniforms I possessed. As I was leaving my room I picked up an address book which had been given to me for Christmas. This was the most valuable possession I took with me.

About 4 p.m. a party of ten cars, including a van with a lot of medical stores, left Wellington. I went in a car driven by Mr. Robert Semple with Mr. Walter Nash, Members of Parliament, and we picked up Mrs. Nash in the Hutt as we drove through. The party had to go through the Wairarapa as the road through the Manawatu Gorge was blocked. It was a long, dreary drive. After we left Woodville the road was very broken and we had to stay in Dannevirke for two and a half hours while a piece of the road was repaired sufficiently to enable us to drive over it.

We reached Napier on a hot night with a full moon. It was an unforgettable sight. The town was on fire and many destroyed buildings were visible in the glow. As we drove along the waterfront we could see numerous parties of people lying on the beach, many of them with a few household goods.

The Bluff Hill had slipped and blocked the road round to the port, but we found a road which took us up over the hill on to the hospital road. When we arrived at the gardens we found a dressing post had been established there and that the hospital had been evacuated to the Greenmeadows racecourse. Three wards had collapsed. Several patients were killed. The nurses' home, a three storey brick building, was a ruin. All the night nurses were killed as they were sleeping on the top floor. The rest of the buildings were a complete shambles, with equipment lying everywhere.

We decided to go out to the Greenmeadows racecourse and arrived there about three-thirty in the morning. One tent had been put up and the patients were lying in it. Others were in the totalizator building.

The lunch room in the grandstand had been turned into an operating room, and surgery had been possible by having motor cars direct their headlights against the windows of the room to provide sufficient light. The water supply was cut. There was no light and no sewerage.

Within a matter of two hours after our arrival the health inspectors, who did a magnificent job, had provided privies, repaired the water main, and provided us with lanterns for light. During the morning marquees were erected as wards, equipment was brought over from the hospital to make up beds, and gradually during the day an emergency hospital took shape.

Nurses and doctors from many places arrived to help. Some came equipped, others, not realizing the devastation, came with nothing. Miss Myles, of Wanganui, sent not only supplies of linen but also uniforms, amongst them two of her own which I gratefully wore. These uniforms were made with forty-four buttons down the front and they were always a source of amusement and great worry, but I was glad of the extra change.

By evening, when we had the patients housed, the question arose as to accommodation for staff. Beds had been made up in the totalizator house, but the Napier nurses could not bear to sleep inside so they were given a marquee.

A field kitchen had arrived with two army chefs. One of these men went into town during the evening and returned having consumed

a fair amount of liquor. Looking for somewhere to sleep, he went into the marquee occupied by the Napier nurses and lay down in the centre. When he woke in the morning and found himself surrounded by a group of women he thought he must be suffering from D.T's.

Many tragic incidents occurred during those first few days. Relatives came looking for their dead, many of whom were burned or lost in the city. Badly injured patients had to be transferred for further treatment, leaving behind perhaps sick relatives. Other patients had children and relatives in the back country of whom they heard nothing.

All of this added to the tragic aspect of the situation, but it was offset by some of the funny things that happened. For instance, two days after the earthquake one of the local poultrymen killed 120 fowls as he had no means of disposing of his eggs. He brought the fowls to the hospital. At this time the hospital was feeding not only the patients and staff, but between six and eight hundred men, as Napier itself had been largely evacuated and there was nowhere for these men to go for meals. Under these conditions I was very glad of the poultry. I sent a party of men to dress them—but didn't think to tell them to scald the fowls before plucking. It was an extremely hot day with a strong wind blowing, and suddenly I saw a cloud of feathers descending on the grounds. Everywhere there were feathers—on the ground, in the tents and on the grandstand. Then someone came to tell me that Lord and Lady Bledisloe were to arrive that afternoon to visit the hospital. I immediately put on a team of small boys to pick up the feathers. I was grateful that the Governor, delayed *en route,* did not arrive until eight o'clock when it was dark.

One thing I learned, apart from the actual emergency organization of the hospital, was that it was very necessary under conditions such as these to organize recreation for the staff. There was nowhere for them to go and it was inevitable that there would be difficulties if something were not planned for their off-duty time. Further, there was the problem of the large number of men at a loose end in the evenings. So a social committee was formed, and it helped to maintain the morale of everybody.

The Napier staff who had suffered severe shock were sent away in

parties to the Motuhihi Health Camp in Auckland for a period of rest, and the voluntary organizations of the Red Cross and the Order of St. John, in addition to supplying hospital workers, did an excellent job in re-equipping the nurses who had lost all their possessions at the time of the earthquake.

It was a period of co-operation, willingly and excellently given by the voluntary organizations to the State.

It was inevitable that some unscrupulous people would take advantage of the conditions that existed in Napier. The medical officers of health, the health inspectors and the officials from the Public Works Department were camped at Maclean Park. They were having an extremely busy time in restoring the town to enable the people of Napier to return. One day one of the medical officers of health asked me if our emergency hospital could supply the camp with clean bedding. I said that it would if they would send over a requisition. A day or two afterwards the sister in charge of the linen room came to me to say she had a requisition for twelve mattresses, pillows, blankets, sheets and towels. Would she issue them? As a requisition was signed by the doctor concerned, I said "Yes". The lorry went away laden. The next day I happened to see this doctor and he said to me, "You have not sent us our clean bed linen." My reply was that we had received the requisition the day before and had sent what he had asked for to Maclean Park. Enquiries were made and it was found that some clever individuals who must have known of the arrangement had got away with the lorry load of material. It was never traced.

By early in March the public services had been restored sufficiently for the householders of Napier to return, although a great deal of the town was burnt and there was much cleaning up to be done. The earthquake occurred at 11 a.m., when meals were being prepared. One hotel kitchen was in a dreadful state when, after three days, the inspectors arrived to view the building. The weather was very hot, flies had accumulated, and the result can be imagined.

However, once water, sewerage and light were restored a few shops were opened and householders were glad to come back to look to their own property.

It was quite evident that Hawke's Bay would have to carry on under emergency hospital conditions for several months, so it was decided that the nurses in training should complete their training elsewhere.

Miss Rose McDonald, who had retired from the post of matron of Napier Hospital two years previously, came to help. She did marvellous work collecting all the nurses' records and we were able to send them away with a complete record of their previous work and experience. As it was going to take some time to restore the Napier Hospital on the hill, even to a limited extent, arrangements were made for surgery to be done only at Hastings, where the hospital had not been so badly affected. The difficulty there, however, was that the two medical and surgical wards were very small. This meant that convalescents and medical cases would have to be cared for at Greenmeadows. An endeavour was made to equip Napier as soon as possible, as it was obvious that it would be unsatisfactory to maintain Greenmeadows with tents during the winter. The staff for the two hospitals was recruited from the former qualified staff of both hospitals, with trained nurses from other places and a certain number of aides. The Napier matron, Miss Roy, was too ill to return, but having obtained a fairly satisfactory staff by the end of the third week in March, I was able to return to Wellington, leaving the assistant matron acting as matron until a new appointment could be made.

Many other hospitals in the Dominion had also been damaged, particularly those in the Manawatu and Waikato areas. All of this meant a certain amount of disruption in the hospital service of the Dominion and necessitated much thought being given to the matter by the department, particularly as additional emergency accommodation had to be provided quickly.

Because of all these conditions Dr. Watt recommended to the Minister of Health that for this year the post-graduate course should be held in abeyance. When Miss Moore, who had also been in Napier, and I returned to Wellington we knew there was a busy time ahead, but it was not like anything we had expected.

Chapter XIV

APPOINTMENT AS DIRECTOR

EARLY IN DECEMBER OF 1930 THE NURSING STAFF OF THE DIVISION had been told that Miss Bicknell would retire on April 1, 1931, and that her position would be advertised. At that time I was approached by one of the senior clerical officers and asked if I intended applying. Such a thing had not occurred to me. I had had very little hospital experience, had never inspected any hospitals and had very little to do with the training of nurses. Further, Miss Ida Willis had been attached to the nursing division for some years, and Miss Moore had helped Miss Bicknell very considerably in her work, so that it appeared to me much more likely that one of these two would be appointed.

Our annual holidays came and we had only just returned when the Hawke's Bay earthquake took place and still the position had not been advertised. Largely owing to the general upheaval of the Department, because of the earthquake, nothing took place during February or March. I was greatly surprised when I returned to the office in the last week in March to be told by Dr. Watt that he had recommended my appointment, as director, to the Public Service Commissioner and that the position would not be advertised. Miss Bicknell was away in the South Island paying a round of farewell visits and returned to Wellington only two days before she was to cease duty. In fact, it was only on the last day, when she went through the confidential records with me, that I had any handing over of her duties at all.

On the first morning I went down to the office, I wondered if I could take over that desk because I felt so totally inadequate to cope with the responsibilities of the new position. Miss Willis had applied for long leave as her mother was ill. After her mother's illness she herself was not well and did not return to duty until the following September. Then owing to the depression she was transferred to the

First Nurses' Post-graduate Class, 1928

Wellington district office. Miss Moore was there to help, and her wide knowledge of the hospital service was of the greatest assistance to me. I was very grateful for her willingness to co-operate with me.

It became necessary immediately to alter the organization of the office, as I had no full-time assistant as Miss Bicknell had. Mr. J. Buchanan, who was secretary of the Nurses' and Midwives' Board, was a particularly able man and very interested in introducing modern methods in the examination system. At that time there were State examinations only twice a year for nurses, maternity nurses and midwives.

Our whole record system for examinations was altered, and a card sheet system instead of the previous ledgers was introduced. The young clerk was replaced by a competent shorthand typist as my secretary. She was Miss Ada McConchie, who remained with me for the next nineteen years and became an invaluable help. The nurses of New Zealand owe a great deal to her.

The effects of the depression on the economy of New Zealand were beginning to be felt, and the Government decided that the staffs of the Civil Service must be reduced. The divisional directors were told to prepare lists of their staffs in three grades—those who could be retired immediately, those who could be retired within six months, and those who could be retired within a year's time.

One of my first tasks, therefore, was an unpleasant one of telling a number of the senior nurses of the Department who were not normally to retire for two or three years that their duty must cease in a month's time on three months' pay. It was most difficult. Many of these nurses had resented my appointment very much and blamed me for their early retirements. I had also to warn those in the other grades that their retirement might also have to take place if the position became any worse.

There was a great deal of unemployment amongst nurses because of depletion of staffs in both public and private hospitals. The residential clubs in Auckland, Wellington and Christchurch were filled with nurses who could not obtain work and found it extremely difficult to pay their board. Some driven to desperation were brought to me,

having even slept in the park for two or three nights, and once I was thankful to get a position for a nurse where she was given her board and lodging but no salary. Such conditions made a great deal of unhappiness and distress and urgent action was necessary.

Miss Moore and I between us visited all the small training schools, many of which were quite inadequate. I discussed the matter with Dr. Watt and the Minister of Health, and we decided to recommend to the Nurses' and Midwives' Board that these hospitals should cease to be training schools and should be staffed largely by trained nurses, with aides to assist in junior duties. Other units, such as tuberculosis wards in hospitals, had the number of trained staff increased. Thus positions were created as much as possible for these girls, but in each instance they were only employed on a staff nurse's salary, which at that time was £60 a year.

Early in 1932 Dr. Campbell Begg, a surgeon in practice in Wellington who was interested in hospital administration, submitted a lengthy report to the Government on what he considered was necessary in regard to hospital reform. Some of his recommendations were adopted.

At that time the Health Department administered Queen Mary Hospital, Hanmer Springs, the sanatoria at Otaki and Pukeora, King George V Hospital at Rotorua, and seven St. Helens hospitals at Auckland, Christchurch, Wellington, Dunedin, Invercargill, Gisborne and Wanganui. Dr. Begg's report recommended that all of these institutions should be handed over to the control of hospital boards. The Department had recommended to the Government that Hanmer should be retained, in view of the fact that it was a special hospital for treatment of nervous diseases, but that the others should be transferred. A beginning was made by transferring Rotorua to the Waikato Board, Otaki to Palmerston North, Pukeora to Waipawa, Gisborne and Wanganui St. Helens to Cook and Wanganui Boards, and Dunedin to the Otago Board, as a new obstetric hospital was just about ready to open in Dunedin, attached to the hospital.

I was very opposed to Auckland, Wellington, Christchurch and Invercargill St. Helens being transferred because it was in these hospitals that midwives were trained. All the other hospitals trained

maternity nurses only. I considered that if the midwifery training schools were transferred it would be extremely difficult to insist on a standardized technique in our training. It would mean that the only independent matronships of obstetrical hospitals would go and that in consequence the whole status of midwifery would suffer.

During the next two or three years a quiet battle ensued between the medical officers and myself. Every time a proposal was made that another of these hospitals should be transferred I usually found some reason why we could not take the matter up with the board concerned "owing to the necessary improvements being uncompleted". In this way the transfers were constantly shelved. I felt I was justified in the stand I was taking, because I knew that Dr. Paget, the inspector of maternity hospitals, agreed with me, but he felt, in loyalty to Government policy, that he should not take any further stand than he had already done.

One of my important duties as director was the inspection of hospitals. This had to be done from two angles—a report for the Nurses' and Midwives' Board and another for the Health Department. The report to the Nurses' and Midwives' Board concerned the training of nurses, i.e., the school, equipment, records, lecture programmes, the hours of duty, sick leave, etc., whereas the Department's report covered conditions within the hospital, nursing technique and comments on the general administration of the nursing side.

My first experiences of inspection were unsatisfactory. I arrived at the hospital soon after 9 a.m. and I was entertained in the matron's office until after morning tea. By that time everyone in the hospital knew I was there and the wards were dressed for inspection. I did a round with the matron, with a sister of the ward trailing behind. When I asked questions they were answered by the matron. The sister practically never spoke to me.

In some hospitals I was entertained with elaborate morning and afternoon teas and lunches, and on one occasion a dinner at night. After several experiences of this kind I decided that if I was to know anything of hospitals in New Zealand, the system of inspection must be altered. Therefore I decided that in future I would go round the hospital by

myself and discuss any points of criticism with the medical superintendent and matron before I left the hospital.

I went to Christchurch first, my own training school, and told Dr. Fox and Miss Muir, the matron, what I wanted to do and why. I felt that if I started with one of the main hospitals and established a precedent, the other hospitals would accept the idea. I visited every ward and department by myself. This gave me an opportunity of talking to and getting to know the sisters. We could discuss different forms of treatment, different methods of keeping records, etc. I found that the sisters appreciated the new idea and that I gained a very different knowledge of our conditions. Some of the hospitals did not like it, and it took time for them to get accustomed to it. I had to be sure of being fair and discussing every point that I wished to put in my report before I left the hospital with the executive officers, so that I was certain I had their point of view, which in some instances threw a different light on some points I was interested in.

This method was slower but I felt that even if I could visit a hospital only once in every two years it was better to carry out the inspection thoroughly. Looking back, I am still surprised how frequently Miss Moore and I, between us, were able to visit. I travelled hard. I was generally away half of every month. I would have been unable to do it without the help of an able secretary.

At the same time, on the public health side the new districts which had been developed in North Auckland, East Coast and Taranaki were proving that a co-ordinated public health nursing service could give a much better service than the old system. For instance, where once the school work had been done in North Auckland from Auckland city, now each district nurse was responsible for the school work and all the public health nursing duties in her own area. If, however, able nurses were to be attracted it became necessary to see that they had reasonably good conditions to work under. The majority of the district nurses at that time were on what was known as the temporary staff of the civil service and were unable to contribute to superannuation, whereas the school nurses were on the permanent staff and could contribute. This, of course, was unfair, so one of the first moves was to recommend to

the Public Service Commissioner that these nurses on the temporary staff should also be allowed to contribute to superannuation.

The nurse inspectors who had been appointed to the smaller districts had been appointed at a lower grade of salary than those attached to the main centres. If we were going to have good people responsible for varied duties it was obviously necessary that their salary rates should be reviewed. Recommendations were accordingly made. They were turned down three times, and finally I asked to see the Public Service Commissioner myself. I was able to convince him of the reasonableness of our recommendation.

Further effort was required to try to improve the housing and equipment for the cottages, but the biggest fight was to improve nurses' transport. The first cars we were given were six baby Austins. I told the Minister they would be quite useless for back-country roads because the tracks were so small. However, when he said, "You can have baby Austins or nothing", I decided to take them, although I knew they would have to be renewed before long.

Later, when the principle of cars for nurses was approved, another battle ensued. The Department tried to induce me to agree to the nurses being issued with trucks—a most uncomfortable form of transport. The trucks had been ordered, and except for one or two they were turned over to the health inspectors, much to their annoyance.

In 1932 the post-graduate course was begun again. The number of students was small, as several boards felt they were unable to award bursaries at that time. The Nurses' Association helped by giving bursaries and by lending money to those who were unable to finance themselves. We could not obtain permission to appoint a second instructor so we arranged for one of the local nurse inspectors, Miss Lea, and then Miss Comrie, to take over the course and assist Miss Moore on a part-time basis. I undertook certain lectures myself. In that way we carried on for the next four years.

That year, because of the malnutrition found among the children of the unemployed, it was decided to extend a system of health camps for children begun as a summer holiday camp by Dr. Elizabeth Gunn in the Wanganui district. Permanent health camps were set up near

the main centres with local committees who were responsible for their management. Finance was provided through the sale of Health stamps at Christmas.

Dr. Ada Paterson, who was Director of the School Hygiene Division at this time, was a remarkably fine woman and it was largely due to her influence that these camps became so well established.

The Department undertook to supply the matrons for the camps, and any other registered nurses required, to supervise the work, find the children through the school medical service, and to follow them up on their return to their own homes. In this way there started a new service which was gradually used not only for cases of malnutrition due to impoverishment, but also for malnutrition due to defective habits and generally for children who were below par or were contacts with tuberculosis without having actually contracted disease. Over the years thousands of children have benefited from these camps.

Chapter XV

THE TRAINING OF NURSES

I HAVE MENTIONED THAT THE NURSES' AND MIDWIVES' BOARD IS THE body which is concerned with laying down the conditions for training nurses, midwives and maternity nurses. It is also responsible for conducting the State examinations for nurses, for the registration of nurses, and for all matters pertaining to the welfare of the profession.

At the time of my appointment a few months earlier, Miss Edith Tennent, of Dunedin Hospital, and Miss Rose Muir, of Christchurch Hospital, had been appointed as two of the nurse representatives on the Board. Just after my appointment, Miss Janet Morgan, of the Alexandra Home, replaced Miss Newman as representative of the midwives. These three were excellent members.

An amendment of the Act provided that Hospital Boards should be represented and the first appointee was Mr. William Wallace of Auckland. In the minds of many nurses there had been a great fear about the appointment of a layman to the Board, but this appointment proved a most useful one, as the hospitals' representative was able to explain many points of difficulty to the Hospital Boards' Association.

At the time the regulations which provided for the appointment of the Hospital Boards' representative were passed, new regulations were issued governing the training of midwives and maternity nurses. These regulations provided that midwives should be trained only in the four St. Helens hospitals and that maternity nurses be trained elsewhere. For registered nurses, maternity training was to be a period of six months; for the unregistered women, eighteen months, and for both groups the period of midwifery training, six months. These alterations were put into force early in 1931 just as I was appointed Director. The next alteration was a new curriculum for both midwives and maternity nurses. Under the old conditions there was not sufficient

difference to make the midwives' training a definite post-graduate course, which it was supposed to be.

A further measure introduced was a refresher course of a month's duration for practising midwives and maternity nurses at certain obstetrical hospitals. Nurses who had been qualified for some years, as well as the class C maternity nurses who were registered on experience only, were encouraged to take this course.

To provide a better preliminary training, it was decided to extend the period of general training by three months. There was a section in the Act which provided for three months' preliminary training. This had not been enforced, but now it was to be included, and it extended the training to three years and three months.

In addition, a recommendation was made to all training schools that no girl should be accepted for training unless she had had at least two years' secondary education, or its equivalent.

It was decided to introduce a nursing paper, set by a nurse examiner, in addition to the medical and surgical papers forming part of the final examination. The practical work sheet which nurses were required to sign when applying to sit for the final examination was carefully revised to ensure all the clinical experience required of a nurse was covered.

During 1931 *The Lancet* had conducted a commission of enquiry and published a very interesting report on the training of nurses. This report emphasized the importance of the theoretical side of a nurse's training and said that this teaching should be given by modern methods. One recommendation was that there should be one tutor sister to every sixty student nurses. At this time in New Zealand only nine out of our thirty training schools had a tutor, and only twelve had preliminary training schools. Further, very few of the training schools had good classrooms or teaching equipment and only one or two had satisfactory demonstration rooms.

Inspections showed that there was a great deal to be done about the health of our student nurses. Two or three outbreaks of tuberculosis showed that much better care was necessary. The first recommendations were that nurses should be medically examined by the

hospital on acceptance rather than by a private medical practitioner, and that all should have an x-ray examination of the chest; that the preliminary instruction before going to take up duty in the wards should include a satisfactory understanding of bacteriology and the conveyance of infection. It was found that medical asepsis required revising. Nurses' diet and recreation needed consideration, and finally it was recommended that nurses should wear overalls in the wards.

These enquiries had shown also that there was a lamentable lack of suitable records relating to student nurses. It was difficult to find out what duties the nurses had done and what were their examination records, and their medical reports. This necessitated a careful examination of the whole question.

The proportion of nurses to patients was another major question and for several years a careful record was kept of the Dominion position to check those hospitals which had insufficient staff. Because of the depression at this time, some boards were apt to reduce their staff below what was considered satisfactory. One or two others erred in the other direction.

From these investigations it was recommended that the standard for staffing should be one nurse to two patients where a day off a week was being given, one nurse to 2.5 patients where only two days a month were being given, and the proportion of registered nurses to pupil nurses should be one to two.

To obtain a more accurate knowledge of the number of registered nurses available, authority was obtained to purge the register. The register had never been purged, and a large number of names appearing were those of people who had died or left the country years before.

With so many new measures, it was very necessary that the nursing profession should be consulted. Therefore I solicited their help by two means. First, I called a conference of training school matrons. Some years earlier a Matrons' Council had been formed. It eventually became a matrons' section of the Nurses' Association, but difficulties had arisen, in that ex-matrons and private hospital matrons all wished to belong and for two years this meeting was not held. It occurred to me that if, as Registrar, I called a meeting, I could restrict the

meeting to the matrons of training schools. This meeting became one of the most useful steps that I initiated. For instance, when I wanted to introduce a new record system it was possible to discuss this with them all as a group. In the same way many other new measures were discussed, such as hospital staffing and the health protection of the nurse in training.

The second means was to seek the co-operation of the Education Committee of the New Zealand Registered Nurses' Association in a study of revised nursing techniques. Both Miss Moore and I had found, when inspecting schools, that our nursing technique had not kept pace with our present knowledge of bacteriology. Such simple measures as the care of bed pans, the care of hands, the taking of temperatures, let alone more complicated procedures, all required revising.

A questionnaire was prepared by the Education Committee, and after submission to the Department for approval was sent out to all training schools to be answered. The results were gone through carefully and tabulated, and published in the *New Zealand Nursing Journal*.

There was excellent co-operation from the training schools in these studies. Only one hospital refused to fill in the questionnaire. The Department regarded these studies as so important that the Director-General of Health wrote to the hospital and said that if the questionnaire was not filled in he would send an inspector to fill in the form according to the technique practised in the hospital. The questionnaire was filled in without the inspection.

The result of these methods was that over a period of years nursing technique tended to become standardized. Much care and thought were expended on the studies, and I feel that a general improvement of technique resulted. The profession, by taking part, recognized its importance.

Chapter XVI

NURSING IN THE ISLANDS

IN SEPTEMBER 1934 I WAS SUMMONED TO SEE THE PUBLIC SERVICE Commissioner, who had just returned from Samoa. He wanted to send me to Samoa to reorganize the nursing service and to institute economies in the hospital. New Zealand had been responsible for supplying and supervising the nursing service in the Cook Islands since early in the century, and in Western Samoa and Niue since 1920. I had not previously been in the tropics and had never been matron of a hospital. I had to set off in a fortnight's time to take charge of the hospital at Apia in Western Samoa. The matron at Apia was due to leave, and before departing from New Zealand I arranged for the appointment of a new matron, a Miss Roberts, but she would not be free to come for three months. This meant that I would be away from New Zealand for over three months.

I sailed on the *Maui Pomare*. There were only four passengers and because of the bad times very little cargo. I am a very good sailor, but this was one occasion on which I was very glad to spend a day in bed at sea. After a ten days' voyage we arrived. I found the whole of the staff, both European and Samoan, very apprehensive of my visit.

Never shall I forget the first evening, left alone in the matron's quarters (as the matron had gone to a farewell party)—the hot, humid atmosphere, the intense dark, the noise of the flying foxes in the trees, and the beat of the drums in the distance. I went for a short walk down the road to clear my mind and passed a group of Samoan falles, in one of which I observed an old Samoan sitting cross-legged on the floor teaching a row of little boys by the light of a coconut flare to sing "God Save the King". It gave me a queer feeling, but renewed my determination to try to make a success of what I knew was a very difficult job.

The first proposal was that the European staff had to be reduced. This meant a complete revision of the duties of those who were left. The next involved going into many questions of cost, as there had been a great deal of extravagance.

The Samoans I found very shy of me to begin with, but the fact that we had the principal of one of the girls' mission schools very ill with rheumatic fever gave me my opportunity. The Samoan nurses were very fond of her, and by working with them to help this patient I gradually won their confidence.

The hospital was in three sections. One was the European section, where Europeans and part-Europeans were nursed. These patients were supplied with their full dietary. The other two sections were a small Chinese ward and a large Samoan section. In this section the Samoans were nursed in a series of falles which had concrete floors, thatched roofs, and open sides which could be protected from the weather by coconut palm blinds. The Samoans had to supply their own food, apart from milk and eggs, neither of which they liked. Every Samoan was accompanied by an "ingana" (a friend) whose duty it was to feed the patient. As there was no refrigeration, and fresh food did not keep in this climate, each patient was nearly always accompanied by several fowls which were tied by the leg to one of posts of the falle. Conditions such as these made very many difficulties.

The working sections of both ends of the hospital were very inadequate. Sterilizing was done in kerosene tins on primus stoves and, generally, the whole of the hospital required modernizing. On the teaching side there was practically nothing. The Samoan nurses had lectures in obstetrical nursing and a few other odd lectures as well, but there was no copy of a planned curriculum, no classroom, no teaching equipment and nothing to make instruction interesting.

Behind the hospital was a small compound reserved for leper patients. At this time there were twelve men and boys in the compound and one little girl of ten. Her grandmother could not bear to let Susie go to live alone with these male patients, and so, though not a leper, she had come to live with Susie to protect her. She was a dear old lady, very homesick, and I have often thought of her self-sacrifice

because she knew that she could never go home again. She gave her life for her grandchild. This compound was a most unsatisfactory place. It was very small, and it meant that the patients had nowhere to exercise and had little or no recreation.

Out of Apia, there were four small hospitals at different stations in the group, two being on other islands. In addition, there were women's committees in many of the villages which were responsible for looking after the cleanliness of the village and for helping one of the Samoan nurses, who visited the villages, to care for the babies. The medical work of the villages was the responsibility of the assistant medical practitioners, who were Samoan boys. The medical service was supervised by one of the European doctors, but there was no supervision from the European nursing side.

I went to one of these out-stations at Tuasivi, on Savii, and was most impressed by the needs of these nurses on the out-stations. They were trying to care for patients, with little or no equipment and with very little understanding of what was required of them.

After a month I felt that I had sufficient knowledge to make definite recommendations. The first was to prepare a curriculum for the Samoan staff to cover a three-year period of training which would include obstetrics and infant welfare. The second was to enlist the help of the missionary girls' schools to recruit a good type of Samoan girl for training. The next was to see there was a classroom and teaching equipment, and that sterilizing and sluice rooms were modernized. The kitchen required consideration, and the laundry, which was totally inadequate, needed a drying room. The Samoan nurses' quarters needed renovating and the diet improving. Much of this could only be done gradually, but a good start on many of these improvements was made during my period in Samoa.

About the European staff I learnt many things. Before my visit I had thought it better to send older nurses and sisters, but after being there I decided that sisters who were much younger, perhaps qualified only three or four years, particularly if they were a little sophisticated but of a fine type, were required. In a place where there were very few Europeans the sisters provided practically the only group of eligible

women in the Islands. The younger sister who would fit into the life of the community was a more suitable type than the other woman who frequently regarded this period in the tropics as her "last chance". It meant that the life for the sisters in the home had to be reconsidered, but already there was a good tennis court and the sisters were provided with a pony and cart to take them for bathing and golf. As a whole I found that this younger group of women became very interested in the Samoans and were a great success.

On my return to New Zealand I spent a day at Niue, as the ship called there. The conditions on this island were much more primitive than those in Samoa. The hospital was staffed by one European sister and four Niue island girls. The sister at the time of my visit had an acute attack of filariasis and was really so ill that it was necessary for me to insist that she be sent back to New Zealand. This gave me the opportunity of making changes in this hospital as well as in Samoa.

I returned feeling that a duty I had dreaded had been of inestimable benefit, not only to myself, but, I hoped, also to the Islands if the new plans we were making materialized. I felt I had much more understanding of the problems and had made many personal friends amongst the administrative officers and among the Samoans.

This visit to Samoa was not to be my last visit to the tropics. At this period the Rockefeller Foundation was interested in several campaigns to combat tropical diseases in the South Pacific, and was contributing half the cost of a yaws and hook worm campaign in Samoa and Fiji. To watch the work the Foundation had an office in Suva, Fiji, in the charge of Dr. Silvester Lambert. The Fijian Government had never recruited its European nursing staff through the Colonial Nurses' Association, as other British Colonies had done, but because of business links with Australia, through the Colonial Sugar Company, it had depended upon advertising in Australia for recruits for its service.

At the Colonial War Memorial Hospital in Suva European girls as well as Fijians were trained. The Europeans sat for the registration examination in New South Wales and were registered in that State. Difficulties had been encountered in recruiting suitable personnel,

largely because there was no nursing officer to select in Australia. The matron who had been in charge for many years had retired and it had been difficult to obtain a successor.

After my visit to Samoa, Dr. Lambert, who was intensely interested in the development and progress of the Polynesian peoples, went to Samoa and liked the new plan that had been drawn up for the training of Samoan nurses. He was visiting New Zealand subsequently and came to see Dr. Watt, to ask him whether, if he (Dr. Lambert) could persuade the Fijian Government to apply to New Zealand for assistance with its nursing service, Dr. Watt would be willing for the Health Department to supervise the scheme.

Towards the end of 1935 these approaches were made, and as a beginning it was decided to replace the then matron in Suva, who was retiring, by a New Zealand nurse inspector from the staff of the Health Department. She was to be seconded for a period of three years, after which there would be a review and a further term of two years. It was also agreed that, in future, as European sisters were required, they should be recruited from New Zealand for terms of two years, Fiji contributing on their behalf to the New Zealand Superannuation Fund. Within the first six months of that year, in addition to Miss Lucy Lea, who was the first matron from New Zealand, three or four sisters were seconded in this way.

Dr. Lambert was very interested in a better training scheme for Fijian nurses and thought it would be advisable to have one training school for nurses for the whole of the South Pacific in the same way as there was a medical school in Suva. He asked the Rockefeller Foundation if the Foundation would be prepared to give a grant for such a school.

Before committing itself in any way the Foundation decided to send Miss Elizabeth Tennent, one of its nursing advisors, to visit Fiji and New Zealand. In August 1936 Miss Tennent spent a month in Fiji, seeing the service generally. Then she came to New Zealand to spend a month here to see our service. During this visit Miss Tennent and I discussed the question of a central nursing school. Although I agreed that the training of local nurses needed greatly improving, I could see

many difficulties about a central school. The problem of marriage was one of them. But Dr. Lambert's idea was that this would be a good thing because it would provide the medical students with wives who had similar interests.

On Miss Tennent's return to the United States the Fijian Government asked New Zealand if I could be sent over to Fiji to make a survey of its service, consider it in the light of Miss Tennent's recommendations, and submit a report on future development.

So in November 1936 I again set off, this time to Fiji. The nursing service was based on the Colonial War Memorial Hospital at Suva, where a limited number of European girls were doing the three years' training, and the Fijian girls a year's training in obstetrics. The European training was of a reasonably good standard, but the Fijians again had no classroom, no proper formal teaching. Lectures in obstetrics were given weekly but were quite unrelated to the clinical work the nurses were doing.

In Lautoka there was a hospital of sixty beds, with four European sisters and some Fijian nurses. At Lambasa there were two European sisters and some Fijian nurses. At Levuka, one European sister and some Fijian nurses. In addition there were six provincial hospitals entirely staffed by Fijians.

For district work there were three European sisters, whose duties comprised the supervision of infant welfare, which was carried out by Fijian nurses. Most of these sisters had had no special training for the work they were doing.

Conditions in all the hospitals, even the Colonial War Memorial Hospital, were not in accordance with modern hospital practice and the provincial hospitals required a great deal to improve their standards. I saw many strange things. The medical superintendent of one hospital, anxious to salvage gauze for dressings, had all the dirty dressings boiled in a copper outside, and one unfortunate Indian dhobi boy had the job of picking out the gauze after it had been boiled and washing it for use again. The bucket of dirty dressings, covered with flies, waiting to go into that copper, was appalling.

In one of the provincial hospitals there was a dysentery outbreak.

Garden Party at Buckingham Palace, 1937

I found the patients lying on soiled mats with no sheets, and only an enamel bowl with some disinfectant and water to dip hands in. The bed pans were emptied in a stream which was the source of water supply for a village less than a hundred yards downstream.

On the other hand, while I was there a mother with twins was brought up by scow from the Lau group, 175 miles away. She had been confined, and was cared for by two Fijian nurses under very difficult conditions, and yet both she and her babies were very well.

I recommended that the European training school should cease when the existing nurses had completed their term of duty, and that until that group had completed they should sit for the New Zealand examination instead of the New South Wales; and that in future European girls should be sent to New Zealand for training. In this way I felt that the Europeans would get a very much better training and would return to Fiji as staff nurses and sisters if they wished. It would free the matron and sisters to teach the Fijian staff properly. The training for the Fijians was to be along the lines of the new training in Samoa —a period of three years, including six months in obstetrics and training in infant welfare.

The district infant welfare nurses were to be taken over by the Health Department from the Native Department. As existing nurses retired they would be replaced by Europeans trained in Fiji or New Zealand, who had special training in infant welfare and district work. The health sisters would then guide the Fijian nurses and be under the general supervision of the matron of the Colonial War Memorial Hospital.

Gradually, through the next two years, these recommendations came into effect and New Zealand became responsible for another group. Meanwhile two other overseas openings developed for New Zealand. In Shanghai the International Settlement had its own medical service and recruited its staff from many countries, although a large number came from England. New Zealand was approached by the medical director, and asked if we would be prepared to second nurses who, in addition to holding their general and midwifery certificates, had their training in psychiatry. The term was for three years with short

leave and further renewal for two years. The salary was good and it seemed an opportunity for New Zealand to gain valuable experience. Therefore, an agreement was drawn up similar to the Fijian one, in which the International Settlement paid the return fares and contributed to the New Zealand superannuation fund while the nurses were in their employment. Several nurses took advantage of this scheme and did excellent work. War, of course, brought this opportunity to an end.

The second opportunity was that early in 1935. Through Professor Marshall Allen, of Melbourne University, an offer was made to establish an exchange system between sisters of the staff of the Melbourne women's hospital and obstetric hospitals in New Zealand. One sister a year was to be sent for a period of six months' duty. Several sisters from St. Helens Hospitals and from the Alexandra Home gained valuable experience in this way. Melbourne women's hospital was a very large hospital and gave the experience in numbers. New Zealand could offer the Australians more detailed experience in our smaller units. Both countries benefited, but again, unfortunately, war brought this opportunity to an end.

Chapter XVII

LABOUR GOVERNMENT RETURNED

AT THE END OF 1935 THE GENERAL ELECTION WAS HELD AND FOR THE first time a Labour Government was returned to office, with Mr. Michael Joseph Savage as Prime Minister and Mr. Peter Fraser as Minister of Health. When the Department returned to duty early in 1936 after the Christmas break, immediately a conference was held with the new Minister of Health in regard to the Department's policy for the future. The new Government was very anxious to develop and extend the social service programme. The first decision was that the St. Helens hospitals should remain under the control of the Department and that conditions in these hospitals should be improved as soon as possible. Plans were drawn up for rebuilding and improvements.

The Government was very interested in the development of a programme of preventive medicine. Plans were made for the gradual expansion of district work so that much more attention would be paid to infant welfare; the physical welfare of school children (which was to include milk in schools), and extension of the health camps. The problem of T.B. was to be considered, and a great deal more attention paid to the health of the Maoris. At this period the Maori maternal death rate was at least double that of the European, the infant death rate nearly four times that of the European, and the T.B. death rate ten times.

The policy of decentralization and the development of the smaller health districts was to be extended as staff became available. A system of health education of the public was to begin; and to enable this to function properly it was recommended that staff education be undertaken by means of group meetings. Maori girls who were considered suitable for training were to be given bursaries to assist them in obtaining the necessary clothing and equipment.

It was decided that hours of work in hospitals should be reduced. All hospital boards were informed that nurses' hours were to be an eight-hour day, including meals, with a day off each week; and even in obstetrical hospitals hours were not to exceed, if possible, more than forty-eight hours a week.

All workers had to be members of a trade union. The hospital domestic staff was drawn into the union covering the hotel and restaurant workers, so that their hours were laid down by this union after negotiation with the Hospital Boards' Association. This meant that registers of duties and hours had to be enforced, and they were subject to inspection by officers of the Labour Department. This was an entirely new approach in hospital administration. Many matrons resented this new measure, and it was some time before the new conditions worked smoothly.

With this development of compulsory unionism, naturally the question of nurses and unions came up for consideration. The New Zealand Registered Nurses' Association was concerned about the matter. Many conferences were held with the Association's solicitors and with the Labour Department, because, if there had to be a union, they were most anxious that they should not be included in the Hotel and Restaurant Workers' Union. There was so much agitation and worry among the profession that I decided it would be advisable to bring the matter before Mr. Fraser.

In consequence, I went to see Mrs. Fraser, who was a very sensible and fine woman. I discussed the whole matter with her, pointing out the difficulties and telling her what a great deal the Registered Nurses' Association had already done for nurses. A few days afterwards I had a lengthy interview with Mr. Fraser, and as a result he agreed to see representatives of the Nurses' Association. The Association undertook to create an associate membership for student nurses, to negotiate a salary scale with the Hospital Boards' Association, and to make recommendations to the private hospitals concerning hours and salaries. Mr. Fraser stated publicly that he did not consider that unionism was necessary for the nursing profession when they already had a professional organization interested in their general welfare.

This question of unionism arose with succeeding new Ministers at a later date, but each time the Association was able to show what it had done to protect the interests of nurses, and so New Zealand nurses are not members of any compulsory union.

When I went to Samoa at the end of 1934, I had pointed out to the Public Service Commissioner that the superannuation scheme for nurses entering the Department was most unsatisfactory. Nurses in their first year of training began contributing towards the Hospital Board Superannuation Scheme which was controlled by the National Provident Fund. If they wished to join the service of the Health Department, or any other Government department, it was necessary for them to withdraw their superannuation under the National Provident Fund and join the Civil Service superannuation scheme, and there was no interchangeability between the two funds. This condition had already created difficulties in the recruitment of good staff, and it was essential that something should be done to overcome this position. I was promised that an amendment would be made to the Superannuation Act to provide for this. However, the matter was shelved and it was not until 1938 that it became law.

When this provision became law, it opened the door not only for nurses but for all other employees who changed from local body employment to public service employment, and vice versa. It was a big step to have gained and was of material benefit to many nurses.

On the educational side changes were also made. During our visits of inspection to the hospitals we had discovered that the standard of teaching of anatomy and physiology differed in many hospitals. At New Plymouth, for example, nurses were receiving about 124 hours' instruction, while in one of the country hospitals nearby they were receiving about ten hours. The text books used were very varied, many of them being very poor, so the Nurses' and Midwives' Board authorized me to make enquiries regarding the possibility of a preliminary State examination in anatomy and physiology. Regulations were passed bringing into being this examination which was to include not only a paper in anatomy and physiology, but also one in nursing and bacteriology. I went to Professor Gowland, Professor of Anatomy at

Otago University Medical School, to see whether it would be possible for his department to undertake the conduct of this examination.

Professor Gowland undertook to do the examination himself and offered to prepare a text book. A year or so afterwards this text book, written by Professor Gowland and Dr. J. Cairney, saw the light of day. It has become a standard one.

A further change in the final examinations was also introduced, in that, in addition to the three papers up to this time, an oral examination had been conducted by a doctor and a nurse. It was decided to do away with the oral examination in the finals and substitute a practical examination which would be conducted in the ward of the hospital by nurses in uniform, with the idea of placing more emphasis on practical nursing care.

The introduction of this examination took a great deal of organization, but gradually it became the accepted practice and it has achieved its object of emphasizing the importance of clinical nursing.

In Mr. Fraser the Department had as a new Minister a man who was very interested in both health and education, his two portfolios. There is no doubt that the nursing profession had an exceptionally good friend in Mr. Fraser, and I know of the kind and valuable aid that he gave to many.

Chapter XVIII

VISIT TO AMERICA

WHEN I RETURNED TO NEW ZEALAND IN DECEMBER OF 1936, AFTER my survey of the Fijian nursing service, the Department was offered a travelling Fellowship by the Rockefeller Foundation for six months, to be held by myself for a visit to the United States, Canada and Europe. At first Cabinet was reluctant for me to accept this offer because the Government considered that New Zealand should award its own Fellowships and not be dependent on an American Foundation. However, after it was pointed out that this offer was made largely so that I could see the type of work which, in the opinion of the Foundation, would be useful in Fiji as well as in New Zealand, and that there was an International Nurses' Conference in England in July that year which it would enable me to attend, consent was given conditionally on my leave being granted on half pay.

I left New Zealand in the first week of March on the *Monterey* for San Francisco. The *Monterey* was a very full ship; it carried about fifteen hundred passengers in three classes. The majority of the passengers were Australians going to England for the Coronation in May, and there was a large party of Americans who had been touring in the East.

When I arrived in San Francisco the Rockefeller letter from Miss Baird, the nursing advisor, was waiting for me. My itinerary was to be Seattle, Northern Minnesota, Cleveland, Toronto and New York for the first two months. Next day I set off for Seattle by the evening train, wakening in the morning to find myself amongst the Rockies which were covered with snow, and the trees were festooned like those on a Christmas Card.

Seattle was a city at this time of approximately 200,000. It was situated on the arms of the Puget Sound and was joined by a series of

bridges. For the first day or two I stayed at the Olympic Hotel. Then I moved out to Edward Meaney in the University Campus, which covered the side of a hill about two miles out. The various university buildings were scattered, with parks and gardens in between. Early signs of spring were banks of forsythia, japonica and flowering currant which were really lovely, and in the distance Mount Renier gleamed on the skyline.

I was to be attached to the School of Nursing at the university. Mrs. Seoul was the Professor of Nursing. Her assistants were Miss Henrietta Adams, in charge of nursing education and hospital administration, and Miss Leahy, public health nursing. Girls entering this school did two academic years, in which they covered anatomy and physiology, bacteriology, nutrition, history of nursing and a certain amount of nursing technique, as well as English, psychology and some sociology. The students were considered ordinary university students attending terms and living in the hostels with any of the other students, after which they entered hospital for two and a half years. In the fifth year they returned to the university to complete their course and get their degree in nursing.

I visited the King's County Hospital, of 350 beds. The administration of this hospital seemed peculiar to a New Zealander, in that the nursing superintendent, Miss Smith, was responsible for the nursing staff only. The dietitian was responsible for all the housekeeping, including the kitchen, laundry and household staff, even in the nurses' home. Miss Adams was responsible for the educational side, which included not only the theoretical instruction, but also the clinical duties of the student nurses.

At the university I considered that the teaching of anatomy and physiology was most unsuitable for student nurses, in that they undertook dissection together with other students. The day I was present in the dissection room I observed a class of nurses dissecting muscle tissue from several cadavers. There was a stray dog walking round the floor, and there were no facilities for washing hands or for proper care of overalls—matters of elementary hygiene to my mind.

Two academic years appeared a long time for these girls entirely

engaged in theoretical study; on the other hand, they were very young, mostly between the ages of sixteen and seventeen, so that by the time they entered hospital they would not be much more than eighteen and a half. The lecture programme during the period they were in hospital was well planned and well correlated. Different classes were taught from a medical and surgical aspect, not separately. This I have always considered was the most logical method. In the fifth year, when these girls returned to university, they specialized either in hospital administration or as public health nurses.

After spending two weeks there I was taken by Miss Adàms and Miss Leahy for the week-end to Vancouver to attend a Public Health Nurses' Conference.

At Vancouver I met several Canadians whom I had known in the East twelve years earlier, and also a few New Zealanders who were working there. I returned to Seattle for another week, seeing something of the work in the county round Seattle, where some excellent work was being done amongst the country women's organizations.

At Easter I was invited to go to a sunrise service on Sunday morning. We arrived at one of the parks about half-past five, and although the service itself did not appeal to me, the song of the birds in the trees as the light appeared is something I shall never forget. I returned with the others to the hospital for breakfast where we had boiled eggs dyed in every hue of the rainbow. My Easter gift was a little dyed purple two-day-old chick in a cellophane box and a spray of two gardenias tied with silver ribbon. What to do with the chick was a problem, but as I was going back to the hotel I took it with me and gave it to one of the maids. How it ended I know not.

The next stage on my journey was by rail through the Rockies across Northern Montana to Minnesota. I was to report to the Public Health Nursing Division of the Health Department at Minneapolis. Miss Peterson, the director of the nursing division, had arranged for me to stay at a visitors' hostel on the university campus.

The first day or two I spent with Miss Butzerin, who was in charge of the post-graduate course for public health nurses, and Miss Densford, who was in charge of the University School of Nursing. The object of

this was to see their general plan of teaching and how it differed from the Seattle plan.

I then went north to visit the county health unit in the northern part of the State. Duluth was the centre of this unit, which covered three counties and several small towns situated in the iron ore region. This area was a very wealthy one because of the value of the iron ore mines. The rateable value of property in the small towns was high, therefore there was plenty of money to develop social services. In one small town of Hibbins the school cost two million dollars; the organ in the school twenty-five thousand dollars; the home science department had valuable rugs on the floor; there was solid silver and crystal for the children to keep house with, and a full-time doctor and three nurses for this one school.

The finest aspect of the work being done in this area was in tuberculosis. Each nurse in her own area was responsible for seeing that all school children, primary and secondary, and all contacts of known cases were x-rayed, after a Mantoux test. The x-raying was done chiefly by private practitioners with their own plant, for which the county health service paid. The films were sent to the nearby sanatorium to be read and in this way early cases were soon diagnosed.

It was in this area that I first became aware of the problem of the small private hospital which might have anything from twenty to fifty beds. These were licensed by a clerical division of the Health Department, but were never inspected and there were no standards of staffing laid down. In one of these which I visited by chance, a hospital of twenty beds caring for medical, surgical and obstetric cases, there were only two nurses, neither of them registered. Such a condition in New Zealand would have been impossible at that time.

On my return to Minneapolis I found that the nurses of the State were having a conference over the week-end at the Mayo Clinic, Rochester, and I was invited to go with the nurses from Minneapolis. Rochester was quite a small city of twelve thousand people, of whom I was informed two-thirds worked for the Mayo Clinic. This world-famous clinic was situated in a building adjoining Keller's Hotel and was largely financed by Keller in the beginning. It comprised specialists

in every field of medicine and surgery, many of them world-famous. For hospital care there were five hospitals, one of the oldest and most important of which was St. Mary's which was in the charge of a Dominican order of religious sisters. We had a most interesting day when several papers were discussed. Many new techniques in regard to both medical and surgical treatment were being introduced, and I was very glad to have had the opportunity of seeing the manner in which this famous clinic worked.

My next port of call was Cleveland. From Minneapolis I travelled in a special train called the "Blue Ribbon Express", which travelled at ninety miles an hour. Cleveland itself is a very dirty city. It is the centre of a large iron and steel industry, being a port on one of the Great Lakes.

The purpose of my visit was to "observe" at the Western Reserve University School of Nursing, the Dean of which was Miss Howell, with Miss Flaville as her assistant. Here only university graduates were accepted for training, so that all of the nurses in training already had a degree of some kind. Miss Flaville was largely occupied in recruiting students round the various universities. The school had its clinical field in the various hospital units attached to the university. These were new buildings, and the various services covered a unit of approximately 350 beds, without the infectious diseases hospital to which the students had also to be assigned.

In this school the teaching was entirely different from that at the other two I had visited. It was considered that as these students had come to train as nurses they should not have a longer period than six weeks in what was known as the pre-clinical or preliminary class before being assigned to the wards. In the teaching of anatomy and physiology this school was opposed to dissection and believed the subject could be taught from a physiological rather than an anatomical aspect. This rather appealed to me. Another new aspect in this school was that the whole staff, graduates as well as students, were paid a full salary and, in turn, had to pay for their room and their meals as they had them. This system certainly ensured that there was a better comparison of total salaries, and it made the staff understand the value

of money, but watching some of the students, I wondered if to save money correct meals were always taken.

An excellent feature of this school was the detailed medical care given the whole staff. There was an excellent follow-up system.

From Cleveland I travelled to Toronto where I was to stay for three weeks. It was twelve years since I had left before, but there were still a large number of nurses in leading positions who had been there during my previous visit. I regarded them as close friends.

At the School of Nursing, in addition to the post-graduate courses for hospital instructors and public health nurses, there was now a four-year undergraduate course. This course was planned so that preventive medicine should be integrated throughout the curriculum. Clinical experience was carefully planned and related to the theoretical instruction. The preventive programme was planned by including an approach to the normal through personal hygiene at the commencement of the training.

The Toronto General Hospital, under the administration of Miss Jean Gunn had expanded. One of the new features on the teaching side was the introduction of a clinical instructor who was also a supervisor. The school staff consisted of two instructors full time for the preliminary school, and the remainder were instructors who had part-time duties as a supervisor of a block of wards and part-time as lecturers. This system had been introduced to try to correlate the clinical practice with what was being given in the classroom.

On the public health side, the Provincial Health Department had developed tremendously during the intervening years. Dr. Phair, who was the Director-General of Health, and Miss Edna Moore, who was the Director of the Nursing Division, were both outstanding personalities.

Needless to say, I had many parties and many old friends to visit. In fact I found it so difficult to find time to answer my letters or write up my notes, that I decided the only thing to do was to leave Toronto and spend the week-end in New York, before commencing my period there, to try to catch up with my mail. Again I said "goodbye" with very mixed feelings. I was very fond of many of those women,

and I thought as the train pulled out I should probably not see them again, and yet fate was to give me an opportunity some years later.

I travelled overnight to New York, arriving early one Sunday morning. After spending most of the day with my correspondence I set out for a walk to see something of Fifth Avenue, Central Park and Sixth Avenue late in the afternoon. What a change the intervening years had brought about! Many of the famous houses, such as the Vanderbilt's on Fifth Avenue, had come down. The huge International Centre and the Rockefeller Centre had been built, as well as huge new stores and other buildings.

During the three weeks I was there I managed to crowd in shopping in some of the lovely shops, and a visit to the Metropolitan Museum, where I fell in love with an art exhibition by Renoir.

My work was to be assigned at first to the School of Nursing at New York Hospital. This was a huge new hospital built on the East Side and supposed to be architecturally one of the most beautiful and well-equipped hospitals, though to my mind the working units, as in the majority of American hospitals, were very small and congested. The School of Nursing was in the charge of Miss Anna Wolff, with Miss Fox, her assistant, in charge of the teaching programme. Again a very carefully planned curriculum was being followed to integrate preventive medicine throughout. There were many aspects which were excellent and points to be learnt. After spending a week there I was sent to see various public health agencies.

A new experiment was being tried in New York in maternal welfare. In the United States there was no training for midwives. The only obstetrical training was the period of two to three months which was taken by all graduate nurses during their general training. It had been found, however, that public health nurses in several States, particularly those in the south, were required to supervise the work of Negro midwives who had had no training, but in some instances had had a large amount of practical work. It was therefore decided by one of the voluntary agencies to begin a district training in midwifery based on the Lubenstein Clinic, in the north-western section of the city. Each term was a period of six months. Only twelve nurses were taken

in one term. The mothers attended both a pre-natal and a post-natal clinic held at the Centre. The midwifery students undertook the delivery of normal cases in the district and their post-partum care. There were many excellent points about this training, although some of the standards I observed were not equal to those in our country.

The next stage in my experience was to be posted to the State Health Department in Albany in upper New York State, where I had several days observing the work of the Public Health nurses in rural areas. This was followed by two days at Skidmore College to see the School of nursing and Cambridge Hospital, which was used for clinical experience for the students.

I returned to New York for one night, then set out for Richmond in Virginia to spend a week observing the Public Health Nursing Division in this State, seeing rural work, largely amongst the Negro population and poor whites.

It was difficult for a New Zealander to appreciate the problem of the poor whites, as I observed it in the Shenandoah Valley. They were a group of people who, because the properties they had lived on were too poor to have any rates, had no education and were entirely illiterate. The negroes in many places were well cared for, the infant welfare and tuberculosis programme being very good, but what distressed me were the midwives who, I was informed, conducted seventy-five per cent of the deliveries in the State. Most of them were filthy and very ignorant.

From Virginia I journeyed for two days to Washington to see the Red Cross Centre and the Public Health Nursing Division of the Federal Department of Health, then to spend a day at Johns Hopkins Hospital in Baltimore, a most lovely place with a very high standard of service. The next two or three days I spent in Philadelphia seeing the work of the Visiting Nurses' Association under the control of Miss Hubbard, and the Phipps Institute for the care of tuberculosis.

From these months in the United States and Canada I came away feeling that New Zealand could learn certain definite points from what I had seen:

1. The introduction of preventive medicine into the basic course for nurses. With our out-patient clinics New Zealand had a wonderful opportunity in this field.
2. The teaching of anatomy and physiology on a better basis.
3. The teaching of medicine and surgery more from the physiological basis rather than from two separate aspects of the one condition.
4. The well-planned organization of generalized public health nurses who included bedside nursing in their duties, carried out by instruction and supervision, rather than the actual doing of treatments daily themselves.

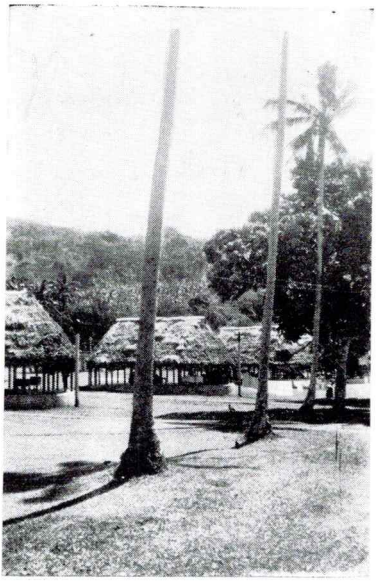
Chapter XIX

IN THE UNITED KINGDOM AND EUROPE

I LEFT NEW YORK AT THE END OF JUNE FOR SOUTHAMPTON, TRAVELLING on the *Britannia* and arriving in London two days before the International Meetings would take place. Miss Bicknell was at this time the president of the New Zealand Registered Nurses' Association. We were to represent New Zealand at the F.N.I.F.* meeting, as I was the New Zealand chairman. This was to be the first meeting. Miss Bicknell was to represent New Zealand at the meeting of the Board of Directors of the International Council of Nurses in the following week, and with four other delegates, of whom I was one, at the Grand Council.

The F.N.I.F. meeting was a most difficult one. A committee of five had in the previous year completed a study of the Foundation and its future, and had made various recommendations. This report was complicated by a minority report prepared by Miss Kathleen Russell, of Toronto. The course, controlled by the F.N.I.F. had begun in 1922, but by 1937 a large number of countries had already established their own post-graduate courses, and, although many of these countries still wished to send senior nurses abroad for advanced study, the course as given in London was only for those nurses who had done no post-graduate study already. This fact led to a great deal of criticism. A small education committee consisting of Miss Jean Gunn, of Canada, Miss Snellman, of Finland, and myself, was set up to discuss the future programme with professors from Bedford College, Mrs Maynard Carter and the staff of the F.N.I.F. Certain recommendations were made which, had they all been carried out, would have led to a satisfactory course, but war intervened. The course had to go into abeyance because of its international nature, and later the home and school of the students

* Florence Nightingale International Foundation.



Samoan wards, Apia Hospital, 1945

Wharf at Makogai, 1945

at 15 Manchester Square was destroyed. When the course was resuscitated in 1945 at the conclusion of the war fresh plans had to be considered.

The meeting of the Board of Directors and the Grand Council of the International Council of Nurses took place at the Royal College of Nursing. It was my first contact with leading international nurses and was an inspiration to me. Many of the women were outstanding. Some had been international figures for many years, such as Mrs. Bedford Fenwick, one of the original members; Sister Bergliot Larsen, from Norway; Frau Oberon Brunck, from Germany; Mademoiselle Averil de St. Coix, from France; Miss Goodrich and Miss Effie Taylor, from the United States; and those two outstanding British figures, Dame Alicia Lloyd Still (Matron of St. Thomas), the president, and Dame Ellen Musson, the treasurer. Miss Anna Schwartzenburg was at that time the secretary—a clever, temperamental Austrian.

After the business meetings a general Congress was held the next week at Westminster Hall. This was opened by the Princess Royal. New Zealand had been asked to contribute several papers. My own was one on "Supervision of the Health of Nursing Staff". There were many social functions in connection with the international meetings. The highlight was a garden party at Buckingham Palace, at which the official delegates were received by Queen Elizabeth and Queen Mary. As there were only about two hundred guests at this party we all had the honour of meeting the two Queens personally. This was a great honour. Queen Elizabeth in a cyclamen dress and hat with her dark hair and blue eyes was truly a fairy picture. Queen Mary, on the other hand, dressed in white corded silk trimmed with broad fringe, with toque and parasol to match, was an extremely regal figure. One of my treasured memories will always be that of my talking to Queen Mary about her visit to New Zealand when I was a little girl.

After the conferences were over I set out to see something of nursing administration in both England and Scotland. I had a few days with the Queen's nurses on a bicycle in Worcestershire. I visited the new Queen Elizabeth Hospital in Birmingham, the children's hospital, and the excellent welfare centres and the Royal Infirmary at Bradford. I

spent a few days with the Inverness County Health Department, where the nursing work was carried out by the Queen's district nurses on behalf of the Health Department, and then saw the Royal Infirmary at Aberdeen, the Elsie Inglis Hospital in Edinburgh, and the Edinburgh Royal.

At the week-ends I managed to see my relatives in various parts of Scotland, in Glasgow, Inverurie, and Perthshire. It was a lovely time of the year, the end of July and early August, and the country was looking its best.

Later I spent two weeks in London, seeing the work which was being done in various teaching hospitals. England and Scotland at this time had not altered their basic curriculum. None of the newer methods I had seen in the United States was being tried out, but at University College Hospital Miss Houghton had introduced the block system of teaching successfully and I saw many interesting units in the new buildings at St. Bartholomew's and in Birmingham.

Public Health nursing as carried out in the rural areas of Scotland was far more like what was being done in New Zealand than in England, partly because of the density of population in England and partly because of the specialized services. In addition, where bedside nursing was done, it was a service given by the nurse, not a service given by relatives and supervised by the nurses.

After my Scottish trip I set out for Europe. I was to have ten days in Poland, a fortnight in Finland, and return to England via Stockholm and Copenhagen. The Rockefeller Foundation had been anxious for me to go to Poland because they thought that the system of nursing education carried out there could be adapted to Fiji.

I travelled via Ostend and Berlin to Warsaw. It was a lonely trip as I was by myself and could speak no German or Polish. Because of my ignorance I was nearly left behind at the frontier when I had to get out of the train and have my money examined. I arrived at Warsaw at eleven o'clock at night, knowing that I was to stay at the School of Nursing and that I was to be met by Madam Zackatova, whom I had known as Babiska at Toronto eleven years previously. When the train pulled in to the underground station there were hundreds on the plat-

form and I could see her nowhere. I waited for nearly an hour, until there was nobody left on the platform, and I decided the only thing to do would be to write the address on a piece of paper and give it to a taxi driver. I started to go up the stairs when I heard my name called. I have never been more pleased to see anyone.

Poland at that time had a population of thirty-four millions, of whom four million were Jews. There had been a pogrom in the Warsaw ghetto only a few days before my arrival, as anti-Semitic feeling was prevalent among the people. A very large number of children could not go to school because there were not the schools nor the teachers. The country, which had been independent for only about fifteen years, was very poor, and had to spend a large amount on armaments. The problems were many. Again and again I was struck by the extreme wealth held by a few landowners and by the Church and the extreme poverty of the peasantry and working people. In between were the intellectuals or professional class who were divided in their allegiance —some to the right and some to the left.

Passing from Germany to Poland in the train I was impressed by the excellent roads and mechanical equipment and the general air of efficiency in Germany in comparison with the most primitive farming conditions in Poland, where only the main roads were cobbled—the remainder were mere dirt tracks.

I visited the schools of nursing in Warsaw and Cracow. The plan was similar in both, in that the school was a separate building which had accommodation and class rooms where lectures were given. The students' clinical experience was obtained by taking over a few wards in each of a group of hospitals. In the third year the students had a period of field experience with the public health nurses of the city and the surrounding rural areas.

I was taken to see the Public Health Nursing Service given in a village about forty miles to the east of Warsaw. This village was based on a local brick factory. The houses were built round three sides of a square, each group consisting of twelve rooms and each room a house. To serve these twelve families was one pump and one privy. The wages of the workers were very low. The foreman's was twenty zlothes, equal

to eighteen shillings. The standard of living was very low and it must have been most difficult to achieve any health teaching. Although I saw much that was of interest in Poland, the whole experience was depressing, largely because of the fear of war which overhung the country.

I travelled to Finland via Berlin and Stettin, and from the latter port I sailed on the *Ariadne* to Helsinki, calling at that quaint old town of Tallinn *en route*. My arrangements gave me a Sunday in Berlin to see the city. The journey from Berlin to Stettin and Swinemunde was most interesting.

At Helsinki I was met by Miss Snellman, who was director of the Nursing Division of the Health Department. Finland is a wonderful country. It, too, had gained its independence only in 1922, but was inspired by a spirit of intense nationalism and optimism. The economy of the country was based on the paper industry and farming; there were no wealthy land-owners as in Poland. There was a more even distribution of wealth and standard of living.

My introduction to Finnish nurses was at a picnic party on the day of my arrival, given for Danish, Swedish and Norwegian nurses who had been spending six months on exchange in Finland. Part of the fun of the picnic was a Sana bath. This bath you take in a bath house heated by steam from a copper—you lie on shelves in your birthday suit and are flicked by birch twigs soaked in cold water. When you have had sufficient steaming a bucket of ice-cold water is thrown over you. This bath gives you an extraordinarily relaxed feeling.

The first week I spent in Helsinki at two schools of nursing, the Children's Hospital and the Health Centre. In the second week Miss Snellman took me up into the centre of Finland to a small town called Kuopio, to see a rural hospital of 120 beds and to see rural public health nursing. The nurses in this area in summer did their work by motor boat because of the large number of lakes connecting the islands, and in winter by ski, because these lakes would all be frozen for at least six months of the year.

Finland at this period had five central preliminary schools for the whole of the country. Students from groups of hospitals came for three months' training, returning to the hospital of their own choice for the

remainder of their time. The period of training was three years and included experience in public health nursing. An endeavour was made to integrate preventive medicine throughout the whole of the course. The midwifery training for a registered nurse was one year. It was two years for the unregistered nurse—all public health nurses had to be midwives as well as registered nurses.

Finland had much to offer New Zealand; the organization of its health services and its social legislation were very similar to our own. None of the towns was large. Helsinki had a population of about a quarter of a million. The country's population was predominantly rural. Most of the leading Finnish nurses had done post-graduate work in England, the United States, or Canada. All of them spoke English well. Their post-graduate school, which prepared instructors and public health nurses, had an organization very similar to our own.

I left Turku for Stockholm where Miss Nordenthal, the Director of Nursing in the Ministry of Health, had arranged two very hectic days for me to see two of their nursing schools and new hospital buildings, as well as a few of the sights of Stockholm, including the wonderful City Hall and the King's summer palace. Leaving Stockholm, I travelled via Malmo to Copenhagen, then Esbjerg and back to Harwich.

When I returned to London I had three weeks left before I was to sail for home. These were crowded with official visits to hospitals. My programme was complicated by the fact that Miss Pattrick, who had been nursing adviser to the Plunket Society and who had trained with me at Christchurch Hospital, was very ill in St. Thomas's Hospital. Because she was not well it had been arranged originally that she would travel back to New Zealand with me, but now it was obvious that she was not going to live and it was necessary to make plans. This involved a telephone call to Wellington to speak to her brother. She was still alive when I left London, but died a few days afterwards. I had been able to arrange with the New Zealand High Commissioner's office that she would be buried with the New Zealand soldiers at Walton-on-Thames, as she had served with the New Zealand Army Nursing Service.

I sailed in the *Rangitiki* via Panama, reaching New Zealand in the middle of November. I was very tired when I left London and very glad of the long voyage to recover. I knew that directly I arrived I would be plunged into work and problems which would be waiting for me, so I decided that I would write my report while at sea. When I arrived my report was finished, not only for the Government, but for the Rockefeller Foundation also.

Much of what I recommended in the report we were able to introduce gradually, but certain measures—such as the advantages of central preliminary schools—never came to fruition, partly because of the expense involved and partly because in eighteen months we were plunged into war. Looking back, it is doubtful whether, if we had been able to carry out this policy, it would have suited our conditions.

Chapter XX

THE SOCIAL SECURITY ACT

DURING 1938 THE SOCIAL SECURITY ACT WAS PASSED BY THE NEW Zealand Parliament, but regulations were left to be gazetted later when the method of implementing the various benefits, particularly on the medical side, had been discussed with the various health authorities and the medical profession.

The financial benefits—which included the age, sick, invalidity, widows and child benefits—were implemented from the beginning of 1939 and came under the control of the Social Security Department. The medical benefits were to be administered by the Health Department, and the various aspects were to be gradually introduced as was opportune, since negotiations were not completed.

When I returned to New Zealand at the end of 1937 I found that during my absence a Commission of Enquiry had been held in regard to the maternity services of the Dominion. The commission, under the chairmanship of Dr. D. G. McMillan, M.P., consisted of Dr. T. F. Corkill, Dr. Sylvia Chapman, Mrs. A. M. Hutchinson, Mrs. N. G. Kent-Johnston, Mrs. Janet Fraser, and Dr. T. L. Paget, Director of Maternal Welfare. This committee had travelled extensively throughout New Zealand, taking evidence about the existing services and how they might be expanded under the new Act.

The Commission was anxious to increase greatly the number of maternity nurses trained, and was of the opinion that it was unnecessary to train midwives, as under the new Act it was planned that all mothers would be eligible for free medical service.

In my opinion, it was necessary that New Zealand should retain midwifery training, as there were large numbers of mothers confined in rural areas, where it would not be possible to have a doctor present

at every confinement. Also the Islands Nursing Service required midwives, and even obstetric hospitals in the city required at least some midwives on the staff who had had more experience than the maternity certificate could give and who would be capable of acting in emergencies when medical assistance might be difficult to obtain.

It would have been wiser for New Zealand to have copied the British Midwives' Act of 1938, whereby the old and incompetent midwives were retired and compensated and obstetric nursing became the responsibility of the local authority. If New Zealand had followed this policy, some of our smaller and less competent maternity hospitals and private midwives and maternity nurses could have been retired, and gradually the hospital boards would have become responsible for the obstetrical nursing service.

This is what I recommended, but the Commission would not agree to it. In its opinion, it was wiser to ensure that the benefit paid to both domiciliary obstetric nurses and private hospitals should be sufficiently large to ensure they would remain in practice, and it was only very reluctantly that the Commission agreed that midwifery training should be retained.

I am quite convinced that had this Commission agreed to what I recommended in the carrying on of obstetric hospitals, the difficulties which later came about would have been obviated. As it was, large numbers of the older obstetric nurses gave up at the end of the war and hospital boards were then forced to take over small and often inefficient hospitals.

During 1938 Dr. M. H. Watt, Director-General of Health, was granted a Rockefeller Fellowship to enable him to study public health administration and practice in North America, the United Kingdom, and Scandinavia. During his absence, the Government, represented by Dr. McMillan, M.P., discussed with the hospital boards, the friendly societies, and the British Medical Association how the new Act could be implemented. The General Election was to take place in November of that year and the Government was anxious that there should be definite plans.

It was not until the beginning of 1939 that the first medical benefit

under the Act came into operation. This was the maternity benefit, which entitled every mother to have a doctor to attend her, a portion of his fee being met by the State. The doctor was required to give the mother ante-natal supervision as well as to attend her during labour and the puerperium. Public hospital care and domiciliary nursing care were to be entirely free. Private hospitals were to receive a benefit equal to the amount paid to the public hospitals.

Towards the end of the same year free public hospital care was introduced, but there were many negotiations with the medical profession over the next two years before the present principle of "fee for service" was introduced, whereby the doctor received seven shillings and sixpence a visit to each patient. This amount was collected from the State either by the patient or the doctor after the signing of a receipt. The original plan for medical benefit was a contract system whereby the doctor was to receive a fixed sum per annum plus mileage for each patient on his list. It was agreed to by only a small number of the medical profession, and lapsed.

The remaining medical benefits, i.e., out-patients, pharmaceutical, x-rays, laboratories, and district nursing, came into being gradually over a period of about seven years. This was because of the war and the fact that New Zealand had heavy medical commitments to the Services.

The Act, though, had far-reaching effect on the whole hospital service, as the numbers of occupied beds rose rapidly and the care of patients in their own homes by nurses practically became non-existent. This may have been partly due to the scarcity of nurses, owing to war conditions, but was also due to the fact that the new medical treatments, such as blood transfusions, antibiotics, etc., could be carried out more satisfactorily in a hospital. Under these conditions naturally the training of nurses was very materially affected, as demand developed for larger numbers to cope with the increased hospitalization.

In January 1938 I was awarded the Order of the British Empire in the New Year Honours. It was a tremendous thrill and when later I attended an evening investiture at Government House it was one of the proud moments of my life to receive my decoration from His Excellency the Governor-General, Lord Galway.

Chapter XXI

WAR 1939 TO 1945

WHILE DR. WATT WAS IN ENGLAND THE MUNICH CRISIS OF SEPTEMBER 1938 developed. Immediately after this the whole Commonwealth was stimulated into preparation in case a global war should develop. So, early in 1939, amongst other committees set up by Cabinet was the Medical Committee of the National Service. This body consisted of the Director-General of Health, the Director of Medical Services for Navy, Army and Air Force, a representative of the New Zealand Branch of the British Medical Association, Sir Donald I. McGavin, and Mr. Fenton of the New Zealand Department of Health, who acted as secretary. This body was to be responsible for the planning and co-ordination of the medical services of the Dominion should war take place.

As branches of this body, a nursing council and a voluntary aid council were also set up. The nursing council consisted of myself as chairman; Miss I. Willis, who was the Matron-in-Chief of the New Zealand Army Nursing Service, and Miss L. Banks, representing the public hospital matrons. The voluntary aid council had the same three members, but, in addition, Miss E. Tennent represented the voluntary aids of the New Zealand Red Cross Society, and Mrs. Balthrop of the Order of St. John.

In 1936 the N.Z.A.N.S. had been established as a unit of thirty-six nurses spread throughout New Zealand. Now, in the beginning of 1939, it was decided to increase this establishment to sixty-six by asking the public hospitals to nominate a required number from each of their staffs, the nurses concerned to be senior women under forty years of age and to have had good ward and hospital administrative experience. A course of lectures on Army organization and gas warfare was given in each of the main centres as well as a course in first aid.

These sisters were then expected to help with the lectures being given to orderlies of the New Zealand Army Medical Corps.

On the V.A.D. side the whole system of training was revised. It was decided that V.A.D.s must be preferably under thirty-five years of age, hold certificates in home nursing, first aid and hygiene, and should attend a course of practical instruction in the wards of hospitals which would cover a period of sixty hours, combined with certain additional theoretical instruction. Employers were circularized asking them if they would be willing to allow their employees to undergo this training, and it was surprising how many agreed to do this voluntarily.

At the same time, the New Zealand Registered Nurses' Association was asked to compile a list of nurses in each district who would be willing to give whole time or part time service should an emergency arise. Courses of lectures covering newer medical and surgical treatments, in addition to gas warfare, were drawn up and the majority of the branches of the Association followed this programme.

All of these preparations were well established when war actually was declared in September 1939, so that the basis of our future organization had been laid, but much was left to be done.

I will never forget that first morning after war was declared. About an hour after the office opened I had a visit from a young physiotherapist from Wellington Hospital who told me she had cabled to St. Thomas's Hospital offering her services and would the New Zealand Government pay her fare. I can see her now, sitting back in my armchair, waving her glasses in one hand. I assured her the New Zealand Government would not pay her fare, and she would be much wiser to wait as New Zealand itself would be recruiting a service in the near future. I guessed this would be only the beginning of a flood of applicants, so I went straight to Dr. Watt to ask him whether we couldn't make certain recommendations to the Government to control the whole position.

A letter was sent to the Minister of Health, who took it to Cabinet, and instructions were issued which more or less set out the procedure for the future to control the nursing profession. No nurse was to be allowed to leave New Zealand unless she was given special exemption.

This exemption was to be restricted to overseas nurses wishing to return home or where some family requirement existed. Holders of certain key positions in hospitals, such as matrons, tutor sisters and theatre sisters were not to be released for service overseas unless special exemption was given. All sisters on the establishment of the N.Z.A.N.S. were to be medically examined. All hospitals were asked to prepare lists of volunteers under various categories ready for medical examination. In the same way the Red Cross Society and the Order of St. John were asked to compile lists of volunteers in each of their districts.

Immediately meetings of the Public Hospital Matrons, the Commandants of Red Cross voluntary aid detachments and the Commandants of the voluntary aids of the Order of St. John were called. In the case of the public hospital matrons, the whole system of recruitment was discussed and how additional staff could be provided both from registered nurses on the emergency lists, and from voluntary aids of the two voluntary organizations. The Government had signed an agreement with the New Zealand Red Cross Society and the Order of St. John that they would be the only two organizations recognized for assistance with the medical services.

It was decided that, as registered nurses were required for the Army, they should be divided amongst various public hospitals, private hospitals, and public health services, and the hospitals and other services would be asked to supply from their list of volunteers the number required with the necessary experience or seniority, as the Nursing Council wished. Each applicant's name would be forwarded to the Nursing Council together with her confidential report and her health history, and would be considered before she was required to be medically examined. It was decided that no married nurses would be sent. These arrangements placed a great deal of responsibility on the hospital board, but the Nursing Council retained the right, should an unsuitable nurse be nominated, to request another nurse from that particular hospital, as lists of all the volunteer nurses were kept by the Nursing Council as well as by the individual hospital or service.

The nurse's previous health record was of great assistance in eliminating nurses whom it might be considered would not be suitable medically. The matrons were exceedingly helpful and were willing to accept the suggestions which were made, and I think felt they were being consulted and given an opportunity of expressing their own opinions.

In the same way certain principles were laid down in consultation with the voluntary organizations. I can well remember the first meeting we held with the Red Cross Society at the National Art Gallery. Some members were most anxious that the service should be a voluntary one and that voluntary aids should not receive any payment. In regard to this matter, the department was adamant that it was most unsatisfactory to employ people in this way. A weekly and hourly scale of salary was drawn up and it was pointed out to the organizations that a much larger number of girls could be recruited if they were paid—that there was a definite contract which must be adhered to, and that the employer would protect the employee by means of medical examination and insurance against accident or illness. Although in some instances agreement was reluctantly given in the beginning, both organizations in time realized the value of these arrangements.

With the voluntary aids the same system was followed, in that each district held its own lists of volunteers, copies of which were supplied to the Voluntary Aid Council, and as aids were required the district was asked to forward the names of a certain number with their reports. The final selection was made by the Voluntary Aid Council. Throughout the whole war, meetings of these various bodies were held at least annually, and in that way they were consulted constantly and the organization worked on the whole very smoothly.

The first echelon left New Zealand in January 1940 and took with it a quota of twelve sisters, headed by Miss Doris Brown, from Auckland. A few months afterwards, in May, the second echelon left, this time taking thirty-two sisters, under Miss Eva Mackay. One of my most poignant memories of the war was seeing early one morning those transports lying in front of Somes Island across the harbour. It was a grey morning, soft rain was falling, the sea was like silver glass. Just after I had gone to my office I heard singing and went to the window,

looking across the quay to H.M.A.S. *Australia* which was moored exactly opposite our office. I saw the sailors formed up on the after deck having service before they sailed, and the singing I could hear was "Lead Kindly Light". Half an hour afterwards, the two warships, *Australia* and *Leander,* dressed for action, pulled out, the bands playing "Old Lang Syne" and "God Save the King". They passed down the harbour, with the transports following them out to the heads.

Each two or three months a fresh draft of sisters proceeded overseas, and very soon it became necessary to appoint a Matron-in-Chief for overseas. Miss Emily Nutsey, matron of Auckland Hospital, a sister of World War I, was willing to accept this position, and it was a great relief to Miss Willis and myself to have such a senior and competent matron in charge.

By the end of 1940 it became necessary to commission a hospital ship and the S.S. *Maunganui* was converted. We again were fortunate in that Miss Edith Lewis, the matron of Blenheim Hospital, a person who had the ability to mix well and yet retain discipline, was willing to accept the matronship.

The Air Force needed small hospitals attached to its bases both in New Zealand and later in the islands. It was decided to second older sisters from the N.Z.A.N.S., to be in charge of these small hospital units in New Zealand, as part of the Army service, but the sisters were to wear Air Force insignia. At one stage the Air Force was anxious to set up its own nursing service, but as it was very small in numbers, never larger than twenty-four, this seemed unnecessary, and it was wiser to retain a liaison with the N.Z.A.N.S.

The Navy had a hospital at the base in Devonport, where its orderlies were trained. At first the Navy was unwilling to have sisters seconded from the N.Z.A.N.S., and two sisters instead were seconded from the Health Department and worked as civilians in the Navy Hospital; but when the Wrens became an establishment and certain members of the Wrens were posted for duty to this base, it became necessary for the sisters to hold rank. Therefore, it was considered advisable to second sisters to the Navy in the same way as to the Air Force.

Out of this arrangement, which was made in the early days of the war,

has developed the Royal New Zealand Nursing Corps of today, which supplies the three services. This was an experiment peculiar to New Zealand, but which has much to commend it.

By 1941 New Zealand was on a war footing, and even our island services were affected. The system of using the civilian hospitals for the treatment of any serious service patients was adopted. Military wards were set up. In some cases new buildings were constructed to house these wards, and the nursing was done by the civilian staff. Fiji was the only place where a separate army hospital to cope with all kinds of illness was erected for service patients.

Early in 1941, unfortunately, I had to go off duty for a period of three months to have some surgery done. It was a new experience to be a patient in hospital and to go back to realizing how much good nursing care could mean to a patient. While I was off duty Miss Janet Moore, who had been helping in the office for the past year and who was to have retired at the end of 1940, remained to take charge, and retired after my return to duty. She was replaced by Miss Marjorie Barnett.

Miss Moore and I had worked together for a period of nearly fourteen years and we had learnt to depend on each other tremendously. She had contributed a great amount to the nursing profession in New Zealand and we were extremely sorry to see her go. However, Miss Moore was not to give up work entirely, because the Government had decided to build on Aotea Quay a clearing hospital of four hundred beds, through which all returned sick and wounded servicemen would be cleared and medically examined before being posted to hospitals for treatment throughout New Zealand.

This clearing hospital functioned very successfully until the last of the servicemen were brought back. Miss Moore acted as matron and we were fortunate in securing retired single and married nurses who were willing to staff the hospital under Miss Moore, together with aids from voluntary organizations.

The hospital would be open for perhaps only a week at a time, sometimes for only two or three days, although it always took a day or two to get ready and a day or two to close, with a period of perhaps a few weeks in between each time of use. It would have been impossible to

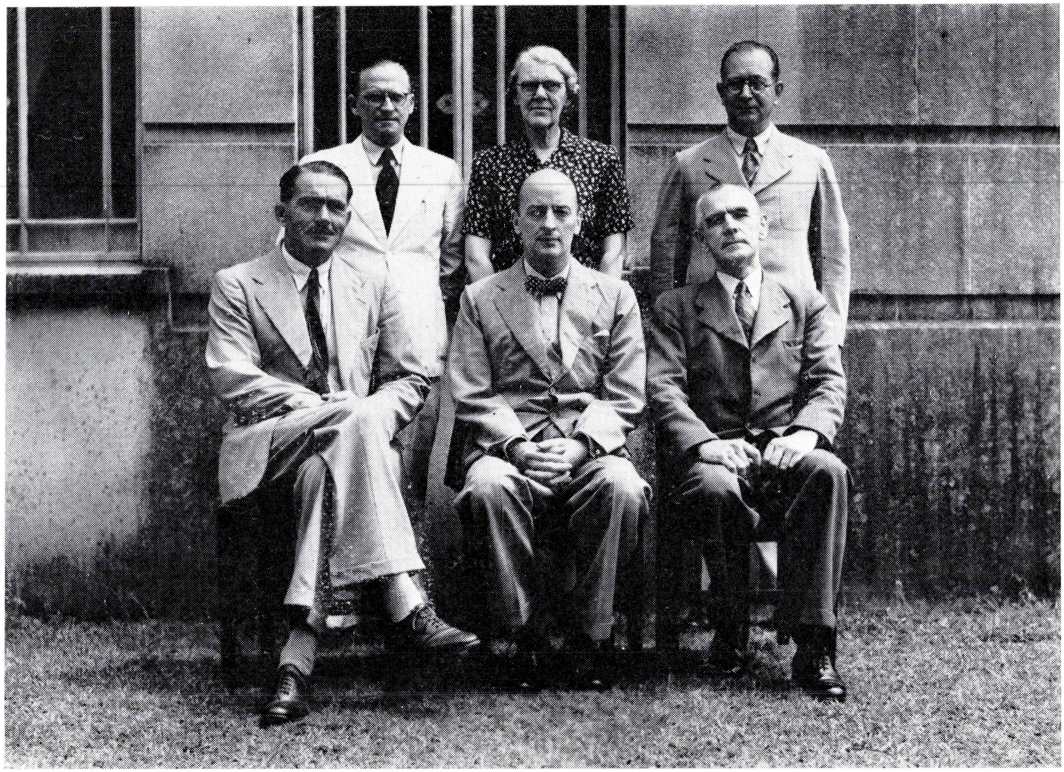
staff this hospital with permanent staff. Therefore we owe a great deal to these people who were willing to give up a week of their time in this way as their war service.

In December 1941 Japan attacked the United States, and we were at war with Japan within a few days. Early in 1942 the Government, having decided that the New Zealand Division of troops should remain in the Middle East, called up the Reserve Division and placed it in camps throughout New Zealand. This all intensified the war effort very considerably. The requirements for hospitals had to be enlarged to cope with these fresh camps and plans had to be made in case there was an enemy attack on New Zealand. Dr. Watt and I travelled over the whole of New Zealand, seeing schools and buildings which could be used as emergency hospitals.

In North Auckland where it was presumed any attack would be first made, the Whangarei High School was actually turned into an emergency hospital with four hundred beds. The local hospital was a comparatively small one and quite unable to cope with camp casualties. In Auckland itself the Ellerslie racecourse was turned into an emergency hospital. Others were Trentham racecourse in the Wellington area; a new Central School at Palmerston North; the local hall at Featherston; the racecourse in Christchurch; and a hall at Taieri, out of Dunedin.

All of this meant a great deal of organization, because not only had these buildings to be fitted up as hospitals, but also staff had to be found for them. The married nurses of New Zealand rose to the occasion and did marvellous work. They were supplemented by aids of the Red Cross and St. John, and I cannot speak too highly of the work of these two organizations.

During this year also, it was decided to supplement the sisters of the N.Z.A.N.S. overseas by sending aids. It was agreed that the aids should be seconded from the Red Cross Society and the Order of St. John and proceed overseas as a section of the organization known as W.A.A.Cs., but they were to come under the control of the Matron-in-Chief and sisters of the N.Z.A.N.S. The aids were required to wear the W.A.A.C. uniform, but had the medical flashes and maroon hat



First meeting South Pacific Health Board, 1946

bands to distinguish them as part of the medical unit. Eventually, they were also allowed to wear the Red Cross arm bands to indicate that they were medical personnel.

The only other women New Zealand sent overseas besides the N.Z. A.N.S. and the W.A.A.Cs. were welfare workers sent by the Y.W.C.A., who were responsible for maintaining and staffing the clubs and hostels established for the women in the various services.

At first these women travelled in civilian clothes, but this was found to be unsatisfactory so they too eventually wore the W.A.A.C. uniform.

Within New Zealand emergency regulations were passed which gave power to the Government to draft all women under the age of sixty into an essential service. Immediately these regulations came into force consultations were entered into between the Health and Labour Departments in regard to members of the nursing profession. Although the Labour Department was the only organization which had the power to implement these regulations, an agreement was reached that no nurse would be posted to any hospital without consultation with the Nursing Division of the Department. No nurse was ever drafted into any position although nurses were prevented from moving from one post to another without the position being clarified.

Towards the end of 1942, the problem of staffing country hospitals, as well as all these emergency hospitals, had become a tremendous one, so we recommended the establishment of a Civil Nursing Reserve, and approval was given for its formation. This reserve consisted of registered nurses and aids, and at its maximum contained about four hundred women. The allocation of this reserve was done from the Nursing Division. Miss Marjorie Barnett was the responsible officer. No member was asked to go to any one position for a longer period than six months, as it was found that girls were willing to go to the back country for a limited period if they could be ensured they would be moved to a more populated centre after a stated period. The members of this Reserve were medically examined in the same way as girls in the Army. Their salary was the same as that of similar staff in general hospitals. The registered nurses were supplied with uniforms in the same way as district nurses, and the voluntary aids were given an allowance and

were allowed to wear the uniform of the organization to which they belonged. The reserve functioned until the end of 1945, when the emergency regulations ceased, and, although it fluctuated in numbers very considerably, it was a most useful organization and a tremendous help, particularly to the small country hospitals and to the emergency hospitals.

The next two years were difficult years. There were shortages of many requirements for hospital and medical practice, and all kinds of makeshifts had to be resorted to. The Army was still making considerable demands on the personnel available for staff and a number of personnel were returned ill, requiring convalescent care and rehabilitation.

The war experiences had shown the value of many new treatments. Blood transfusion, for instance, came into its own. This brought about the setting up of blood banks, and the demand for donors. The antibiotic drugs, such as the sulphanilamide group and penicillin, were introduced with remarkable effect. These drugs changed treatment and technique in nursing practice. This made it desirable to revise the nurses' curriculum and to ensure that the new advances were being applied in our own hospitals.

In spite of war conditions, we had found it advisable to hold our matrons' meetings annually, so that all of these many changes could be discussed with them and the best co-operation obtained. In the same way the meetings of the Registered Nurses' Association were held biennially for the same reason, and, although some officers felt that this was a wasted effort, I considered that the benefit the whole service received in a clearer understanding and closer co-operation made them most valuable.

When peace came in 1945 the problem of rehabilitation had to be considered, but plans had been discussed with the Registered Nurses' Association, the Labour Department and the Returned Services' Association, so that they were well in hand.

Chapter XXII

REHABILITATION

THE PROBLEM OF REHABILITATION HAD TO COVER, AS FAR AS THE Nursing Division was concerned, not only the sisters but also the aids who were members of the W.A.A.C. organization. The Government had agreed that in addition to the gratuity, to which all serving officers were entitled, the rehabilitation bursaries for further training would be available and also rehabilitation loans to assist in the re-establishment of personnel in civilian life.

All personnel were, of course, medically examined on their return; some required convalescent care. Up to 1945 New Zealand had no special convalescent home for women of the services. In 1943 a home owned by the Caccia-Birch Estate in Palmerston North had been offered to the Government and approved as a convalescent home for women, but the Army had commandeered this home as an officers' club when Massey College became an officers' training centre, and it was not until 1945 that it was re-equipped to serve its original purpose. This home was retained for purely military personnel for a comparatively short period, but has since developed into a beautiful convalescent home for nurses.

Only two New Zealand sisters and six aids died on active service—all from sickness causes. None was lost through enemy action, although three New Zealand sisters were lost serving with the Imperial and Australian forces. This was a very small number considering that 650 sisters and 300 aids served with the N.Z.A.N.S.

After our conference with the Rehabilitation Department it was decided to offer rehabilitation bursaries to sisters to take post-graduate courses, Plunket training, occupational therapy training, or any other special course available. A few sisters were given bursaries in England to take courses before they returned to New Zealand. In the case of

the aids, bursaries for Karitane, occupational therapy and many other courses were given and a large number of girls accepted this opportunity.

A great many sisters and aids found their future vocation in their own homes, as a very large number of both the sisters and aids married, some while still overseas, many on their return. For these, loans to help in establishing homes were granted, and as many married ex-servicemen, it meant that both could apply for assistance.

Some nurses were reluctant to return to public hospital and institutional life. The public health nursing field had attracted into its service many fine women, and it benefited very considerably. The public hospitals, though, missed the return of these experienced women; many of the senior members who should have been ready for promotion to "charge" positions were not there, and five years after the war the number of returned sisters in charge of hospitals was very small indeed.

In the preparation of public health nurses special lectures were given on problems of rehabilitation because nurses visiting homes were faced with many problems which were new to them.

Housing was often a very great difficulty and often young people had to start freshly married life with their parents. This also led to difficulties. Many of the nurses, particularly if they had been returned sisters, were very understanding and did help very considerably in coping with a difficult social problem.

Chapter XXIII

THE POST-GRADUATE SCHOOL

FROM 1931, WHEN I WAS APPOINTED DIRECTOR OF THE NURSING Division, until 1936, the Post-graduate School carried on with Miss Moore in charge, part-time assistance being given by one of the nurse inspectors and some lectures by myself. It was realized that this position could not go on indefinitely, so in 1935 the Florence Nightingale Committee offered to give a scholarship to train someone to help at the school. The scholarship was advertised for a sum of £500 and the Health Department offered to subsidize this amount providing it could have the final decision in regard to the choice of applicant. From a large number of applicants Miss E. R. Bridges, at that time assistant matron of the Invercargill Hospital and one of the students of the 1928 course, was chosen. She was sent to London to take the Florence Nightingale Foundation international course. It was arranged that she should take the public health side of the course as she had previously done hospital administration and teaching of nursing in New Zealand. At the completion of her course arrangements were made for her to do a period of observation in Scandinavia, Canada and the United States of America on the way home. She returned to New Zealand at the end of 1936 and was appointed an instructor at the school.

In 1938 plans were made to prepare an additional instructor. A Rockefeller Fellowship was obtained for Miss Flora Cameron, one of the Department's district nurses, who had her post-graduate diploma in Public Health nursing. Miss Cameron was sent to Toronto to the University School of Nursing to take a course in medical social work as it was realized that our Public Health Nurses must have better training in social case work. At the conclusion of her course, Miss Cameron went to the United Kingdom for a period of observation, but had been in England only a few days when war was declared. She

joined up with the Emergency Nursing Service and was sent to an emergency maternity hospital out of London where she remained for about two months until we recalled her to New Zealand. On her return Miss Cameron was appointed instructor in public health nursing and medical social work at the school, and Miss Bridges took over hospital administration and teaching of nursing from Miss Moore, who came to head office to assist me with the extra work which had developed with the war.

Wellington Hospital found that it required the building being used for the Post-graduate School for occupational therapy and for a period of three years the School was housed in the ministerial residence in Molesworth Street. The Department had been given notice that this building would have to be evacuated for other purposes, when the Wellington Branch of the New Zealand Registered Nurses' Association decided to sell the Nurses' Club in Kensington Street, owing to the fact that there were no private nurses and the club was consequently empty. The Department decided to buy this building after I had pointed out how suitable it was for the school in that it was comparatively near to the University, Wellington Hospital and the various other institutions the School used.

It was a tremendous thrill when in February 1944 the Post-graduate School was opened in its own building for the first time. The School had been in operation for so many years under make-shift conditions and now for the first time it had its own home and could really develop personality round the building, but it was largely owing to Miss Moore's inspiration that the course had already made a mark on New Zealand nursing and had a tradition of its own. Two years later it was necessary to make further alterations to the building to allow for further class-rooms as the students increased in number. This meant the bedroom accommodation ceased.

In 1945, Dr. Campbell Davidson, of the Ministry of Labour in the United Kingdom, came to New Zealand to make a report on the future of industrial health in this country. Among other recommendations was the introduction of industrial nurses with a proper training. Up to this time there had been a very limited number of nurses employed

by industry, and none of them had had any training for their work. The intention was to select in England a doctor with special qualifications who would come to New Zealand to be in charge of an Industrial Health Division of the Department. Miss Jean Menzies, a New Zealand nurse who had taken an industrial course at the Royal College of Nursing and who had had considerable experience in England during the war, inaugurated the service by visiting all of the various nurses employed by private industry and by holding a series of refresher courses for these nurses. Miss Menzies, however, resigned after a few months to be married. Miss Cushla Ryan, a New Zealand nurse who had also trained in England, and had had a good deal of industrial experience there, then took up duties and an industrial section was introduced into the post-graduate course. In addition, with the assistance of the Correspondence School, a correspondence course was inaugurated for those nurses who were in industry at the time, so as to give them a similar status. This correspondence course was supplemented with refresher courses, and in this way the Department was able to assist with the establishment of this new course and help the existing staff.

In the next year it was decided that a course for teachers in obstetric hospitals should be introduced. The Florence Nightingale Committee decided that it would award a bursary, and the Registered Nurses' Association offered to supplement this bursary with a sum of money which had been collected in memory of Miss Hester Maclean. From a number of applicants Miss Joyce Alley was selected. She had already taken the Public Health Diploma of the Post-graduate Course and had had considerable experience as a sister in an obstetric hospital, as well as a district nurse. Miss Alley's bursary took her to England where the Florence Nightingale Foundation planned her course in connection with the Midwives' Institute. On completion of her course in London, Miss Alley visited obstetric hospitals in other parts of England and Scotland, as well as having a period in Toronto on her way home.

On Miss Alley's return the obstetric teachers' course was begun. The introduction of this course meant that now the school had five courses: hospital administration and teaching of nurses, public health nursing,

medical social work, industrial nursing and teaching of obstetric nursing. The curriculum was so planned that a number of subjects were known as "core" subjects. That is, they were common to all students. Further, the field experience was allocated according to the needs of the particular student. The course was now increased to eight months, so as to give more adequate field experience.

By 1947 it was necessary to prepare an additional instructor. The number of students was steadily increasing. This had been partly due to the rehabilitation bursaries, but now the World Health Organisation and the Colombo Plan were making enquiries about sending nurses on fellowships to New Zealand to study, so that it was essential there should be additions in staff. Miss Alice Reid had been the senior tutor at Auckland Hospital and she had now completed two years' service with UNNRA. She agreed to apply for a vacancy on the staff.

To enable Miss Reid to see something of nursing education methods in Europe, England and Canada, I arranged that she be taken on to the staff of the Department in England and be given leave on pay for three months to enable her to visit teaching institutions preparatory to her taking up her appointment on her return. At the same time I was also able to obtain three months' leave on pay for two of the Department's nurses who were with UNNRA, Miss Melva McKenzie, and Miss Katherine Blackwood, to enable them to see something of public health teaching and organization so that they could help with the improvement of our field work on their return. In this way additional staff with overseas experience was prepared.

In 1949 Miss Bridges was given leave to attend the International Conference of Nurses in Sweden and to visit nursing institutions in the United Kingdom and Australia on the way home. While Miss Bridges was away Miss Reid was available to undertake her duties with some assistance from the nursing staff at Head Office.

By the time of my retirement I thought that the school with its bigger staff now required a principal. I recommended that with the appointment of the new director, and an assistant, there should also be introduced a principal of the post-graduate school. Miss Barbara Sumner

was appointed when Miss Bridges was appointed director of the Division and Miss Cameron assistant director.

In 1947 the departmental district nursing staff had to be rapidly increased because of the new tuberculosis control programme and the introduction of mass immunization against diphtheria. An introductory course in Public Health Nursing was begun, the instruction being given by a nurse inspector from head office with assistance from the school staff. This was to be held twice a year in the months of February and August when the school was free from regular students. This has proved most useful.

In addition a series of refresher courses was introduced for tutors, obstetric nurses, psychiatric nurses and nurses in other fields. Most of the refresher courses lasted a week and were planned to take place in November and early December when the school was vacant, and in this way the maximum use was made of the school.

With these new courses it was not possible for the instructors to undertake the same amount of inspection and supervisory duty as they had earlier, but it was always arranged that each of them would have at least one planned tour each year, to ensure that they were keeping in touch with the field in which they were teaching. There is no doubt that this contact with ex-students and students out on field work has been of tremendous benefit to the instructors and helped them to relate their teaching to the constant changes which must take place in any health service.

When the school first began Miss Moore and I thought it would take us ten years to see its effect. I think it did take that time, but when I retired the school had been in operation for twenty years and by far the majority of the senior nurses in the Dominion were former students.

Chapter XXIV

INTERNATIONAL NURSING

DURING THE WAR THE FLORENCE NIGHTINGALE INTERNATIONAL FOUNdation had gone into recess. It was felt that the Foundation should be revived, but take a different character, in that students should be sent to any existing post-graduate course which was recognized internationally instead of to one course in London.

A meeting of the Grand Council of the Foundation was held in London in 1946, when this principle was agreed to, and it was decided that the work should continue on these lines while a study should be made as to what form the work of the Foundation should take in the future. At this meeting I was elected president, the New Zealand Government having agreed to my nomination.

It was decided that the Foundation should meet in April 1947, and I was given leave to attend this meeting and the meetings of the International Council of Nurses, which were to be held in Washington and Atlantic City. I left New Zealand early in March with Miss L. M. Banks, who was president of the New Zealand Registered Nurses' Association at that time.

We had a few days before the Foundation meeting began. The first two of these I spent attending an American Hospital Conference held at their headquarters. At this conference the question of pre-paid hospital service through the Blue Cross Insurance was under discussion, and a great many acrimonious remarks were passed concerning national health services supported by government funds. This was because of the New Zealand Social Security Act and the proposal to introduce the National Health Service in Great Britain.

I had several meetings with the secretary of the Foundation, Miss Baggallay, and a small executive committee, concerning the business of the Foundation meeting. The proposed study had not been made

because there had been no money, but the American Red Cross, a month earlier, had offered ten thousand dollars to assist this study, provided a certain sum was given by the Foundation itself. A suitable individual had been suggested who had had considerable experience in educational research studies. With this good news it was felt that we would have something definite to put before the business meeting.

The meeting was held at the Hudson Hotel. There were about sixty present. The first part of the Conference went smoothly. I was nervous in a sense, as it was the first time I had been responsible for conducting such a meeting. When it came to announcing the gift of money and mention was made of the person by whom it was hoped the study would be undertaken, a very difficult and awkward position arose. The American delegates backed by the Canadians refused to agree to any study undertaken by this person. Fortunately it was near the luncheon adjournment. I suggested the subject be left in abeyance, we would have our lunch, which was to be my luncheon party, and return to discuss the matter in the afternoon. I could see that a fresh approach would be necessary and after lunch suggested that the whole matter remain in abeyance, and that a new effort should be made to find a more suitable research worker who would be *persona grata* to all the member countries, even if the study had to be delayed until 1948. This was finally agreed to and actually the study was finally carried out by Dr. Muriel Uprichard, a Canadian educationalist, under the guidance of Professor Hamblyn, Professor of Education at London University. This study recommended the amalgamation of the Foundation with the International Council of Nurses and contained far-reaching proposals which took effect from 1949.

As is usual, a certain amount of entertaining took place during this meeting. The American nurses entertained all of the delegates to afternoon tea, but the most outstanding party was a dinner given for the sixty delegates by Mrs. Adrian Belmont, a vice-president of the Foundation, at the Colony Club. It was a delightful room. The tables were arranged each for six people. At the conclusion of the dinner Mrs. Belmont asked one person representing each country to tell a short story of something that had happened during the war. Many

were the stories told that night, some sad, some amusing. Two of the most exciting were those given by Mademoiselle Bihet, of Belgium, who told of the escape of Prince Charles from her hospital in Brussels, how the Germans arrived at two o'clock in the morning in her bedroom to interview her and how she was able to deceive them by giving them a supposed register of her staff—one which was really of the staff at the time of Edith Cavell. Another was of the escape of the Norwegian President from Oslo in a fishing boat, lying under the fish and nets while the German gunboats flooded the fishing boat with searchlights but did not find her, and how she was conveyed to Sweden where she stayed for the remainder of the war.

After the meeting of the Foundation I represented New Zealand at the Nursing Education Committee of the International Council of Nurses. Professor Isabel Stewart was in the chair and there were thirty-two countries represented. The basis of the discussion was the revised curriculum for basic schools of nursing, and a suggested curriculum for advanced study in nursing education. There was a great deal of argument and discussion about obstetrical experience. A number of the countries trained midwives and did not give obstetrical experience in the basic course, as the Americans and Canadians do. A further argument arose about psychiatric experience. Again, Americans and Canadians in the majority of instances had three months' experience in this aspect of nursing during the basic course, and did not have a separate training, whereas other countries such as Great Britain, Holland and the Scandinavian countries did separate this type of nursing with an independent course.

Another argument arose over the number of occupied beds in the hospitals which are used for training school purposes. Certain countries wished the number of occupied beds to be not less than two hundred. Other countries, such as our own, knew that this was quite impossible in practice. However, in spite of these arguments compromises were reached, and a unanimous report was able to be presented to the International Council of Nurses. Professor Isabel Stewart had been chairman of this committee for many years and had done most outstanding work on international nursing education. The compilation

of the curriculum for both was largely her work. The nurses of the world owe her a great debt of gratitude.

On the Sunday we left for Washington by special train, taking approximately two hundred and fifty international nurses. The conference took place in the Mayflower Hotel

When we met on the Wednesday at the Grand Council Meeting we were confronted with a report of two hundred pages prepared by Mrs. Alma Scott of the American Nurses' Association, for a special committee on the reorganization of the International Council of Nurses. None of us had seen this report before and it was extremely difficult to absorb and discuss it intelligently, particularly as it had far-reaching repercussions. One of the main recommendations, which involved a complete reorganization of the office staff, advised that the International Council of Nurses should apply to outside foundations or organizations for financial grants to enable the work to function according to this new plan. Dame Ellen Musson, the treasurer, drew the attention of the Council to the effect that such a scheme, if accepted, might have. It might mean that an outside body would have the right to suggest policy for the future, and this could create a very dangerous precedent. I spoke in support of her argument, and after a great deal of discussion her opinion that this was unwise was accepted. The principle that the International Council of Nurses should be self-supporting was adopted.

Largely because a great many invitations were accepted for entertainment, the business of the conference went on until two o'clock in the morning of Saturday of that week, and it was quite impossible to discuss the alteration to the Constitution at that hour when everybody was very tired. Needless to say, certain matters had to be left in abeyance and others were hurried through, but on the whole a great deal of business was accomplished.

One matter arose which I personally felt very strongly about, in that votes regarding the election of officers and the place and time of the next conference were taken by a show of hands—a most unsatisfactory method. Further, although each country was allowed five delegates, that is, a president and four delegates, they did not all vote one way. Instead of having five delegates, Australia had three and New Zealand

two. This meant we had a reduced number of votes. It was because of the expense of sending delegates that we had fewer than five delegates each. The same condition applied to a few other countries. On my return to New Zealand, I pointed out these anomalies and in 1949 New Zealand made representations to the next conference. A resolution was passed agreeing that a country might have the full number of votes to which it was entitled, even if all of the delegates were not present—providing the subject-material had been discussed in the country concerned six months beforehand. However, since it was still possible for one delegation to be split in its voting, I really think it would be much wiser to have had the principle of one-country-one-vote adopted.

During the visit to Washington there were again many entertainments, the first of which was a large dinner at one of the leading hotels, attended by about nine hundred. The next was a barbecue held at a park on the outskirts of Washington. After the meal was over a group of children, clad in the most extraordinary tramping outfits, came in to entertain us with folk dancing. When it came to doing a clog dance the Dutch secretary, who was young and very energetic, could not resist the music and went on to the floor to enter into the dance. Consequently each national group present was asked to do something typical of its country. Never will I forget eight of the London matrons, the most dignified women in the world, doing a Lambeth Walk round that floor. While each group took its turn I naturally wondered what on earth I would do as I was the only New Zealander present. "N" came and went and I wasn't called so I hoped and prayed New Zealand was forgotten. But, I need not have wondered because with "Z" came New Zealand. I had got a bright idea from the South Africans, who had spoken in Africaans, Zulu and Bantu. I simply couldn't do a haka so I decided I would give them an address in Maori. I really know very little Maori, so starting off with Haeremai, I concocted a speech made up with words such as Paekakariki, Ngaruawahia and Paraparaumu and no-one was the wiser.

Another afternoon we were taken for a beautiful drive extending from the Capitol past the Washington, Lincoln and Jefferson monu-

ments, across the river to Arlington and Washington's home at Vermont. Another afternoon we were entertained at tea at the large military hospital and finally tea at the White House.

Those of us who had been to Buckingham Palace in 1937 probably imagined this afternoon would be something similar. There we made a great mistake. White House is a comparatively small building. We were received by Mrs. Truman and her aide and passed on to the drawing room where two of her ladies in waiting poured tea and coffee at a central table while we helped ourselves to food. After the tea was served Miss Densford, the American president, brought Mrs. Truman to various groups to give her an opportunity to speak to the delegates. Mrs. Truman was a quiet little woman with no gift of language, and I was sure she found it extremely difficult to meet women of many lands in this way.

On the Saturday we left for Atlantic City where the general congress was to be held. Atlantic City, the congress city of the United States, is totally different from any other place I have been to. It is a comparatively small city, but for two miles along the shore are built a large number of huge hotels and shops, all facing on to the Broadwalk —a bridge made of wood which goes the whole length of the foreshore. There was a registration of ten thousand nurses at this congress. Half of a huge auditorium was arranged for seating purposes round the platform, and the other half consisted of an exhibition prepared by the commercial firms dealing with anything pertaining to nursing, uniforms, drugs, books and equipment.

The business of the conference for the main sessions was held in the big auditorium. These sessions included addresses from very interesting personalities, among them Dr. Brock Chisholm, who afterwards became the Director of the World Health Organisation; Sir Raphael Cilento of the Tropical Medical Service of Australia; Mr. Audsop, of Norway, who was commencing UNICEF, as well as the Chief Judge of the United States Federal Court.

As the halls were so large it was impossible for anyone to get up and speak after a paper, so any question had to be written and sent up to the speaker, who after the conclusion of her paper would read out the

question and attempt to answer it. In actual practice this worked out very satisfactorily and it did mean that idle questions were not asked, as a rule, and that people who were too shy to get up could ask a question from a big audience and have an opportunity of expressing an opinion.

It was arranged that I should broadcast. It was my first experience of the "question-and-answer" method, and when I was greeted by: "My name is Jinnie—Hallo Mary, I hope you are enjoying your stay in the United States", I was thankful it was extremely unlikely that New Zealand listeners would hear me. She was a most forthright young lady who had spent her war service, she told me, playing table tennis with troops throughout the Pacific.

The most outstanding event to my way of thinking, that week, was the evening in which the Florence Nightingale oration took place. Because I was the International Chairman of the Foundation, I had been asked to take the chair and introduce the speaker, Mrs. Lucy Seymer, the noted English nursing historian. After the oration it was planned that the American Nurses' Association should present to Miss Effie Taylor, who was the president of the congress and the president of the American Nurses' Association, a memento. There was also presented a token of appreciation to Miss Goodrich and Miss Dock, two of the most eminent senior members of the American nursing profession.

When we all assembled to proceed to the platform, I was amazed to see Miss Dock. She was then ninety-two and was clad in a long navy blue frock rather like a deaconess's with a little white bonnet. She had her speech ready on a piece of paper and was sitting going over and over it to memorize it.

Mrs. Seymer gave a brilliant address on the writings of Florence Nightingale, a subject which you might have expected to be dry, but she was able to bring light and humour to it, and entrance her audience.

Miss Sleeper, chairman of the Nursing Education Section of the American Nurses' Association, presented the Adelaide Nutting Prize to Miss Taylor for her work for international nursing. Miss Taylor then read the citation for both Miss Goodrich's and Miss Dock's past services, and presented them each with a pin made of blue and white enamel with the International Council of Nurses' letters in the centre

First W.H.O. Expert Nursing Committee, 1950

surrounded by diamonds. Miss Taylor had fallen and fractured her arm the day before, so she was unable to pin on these pins. Therefore I was given the honour of doing this for her. Never in my wildest dreams had I pictured myself as decorating Miss Goodrich and Miss Dock, two figures who had been part of my nursing background from the time I had begun as a junior nurse, when I learned my nursing from Nutting and Dock.

Miss Goodrich at eighty, a dignified, slight figure in her black lace frock and white hair, spoke brilliantly. She was followed by Miss Dock, a quaint little figure who began by saying, "I didn't want to come, but now I've come I'm going to say what I want to say." It was hard to imagine that little slight figure as the ardent suffragette she had been; she had gone to jail in England for the suffragette cause.

Then came the last Saturday, with the meeting of the new Board. We met under the chairmanship of Miss Hojer of Sweden, the new president. I began my term as vice-president. The first business was the question of moving the International Council of Nurses' office from the United States back to London because of the financial position. The next was that Miss Schwartzenberg, the secretary, had resigned and would not return except under certain conditions. It was decided to advertise the position under fresh conditions, which would leave Miss Schwartzenberg free to reapply if she wished to do so, after the six months' leave of absence on full pay which she was granted by the Board. Miss Virginia Arnold, who was the assistant secretary, was to carry on till the future of the secretaryship was clear. Various committees were set up and the president, with the American president, was authorized to negotiate with the new World Health Organisation for an affiliation for the International Council of Nurses, and about a Nursing Division for the World Health Organisation.

This brought to an end a month of conferences all of which were extremely interesting, and began my close association with international nursing, which I was to find of absorbing interest during the next six years.

After the conference I returned to New York to visit various nursing institutions and from there went to spend two weeks at Toronto. How

much I enjoyed that visit. I saw many of my old friends although there had naturally been many changes since my last visit in 1937. At the University School of Nursing, the basic course in nursing was now a five-year course leading to a Bachelor of Science Degree in Nursing. Miss Russell, the Dean of the School, had in the past always been opposed to degrees in nursing, but with popular opinion more or less demanding that Canada should offer what the United States was offering, this degree course had been started. It contained sufficient theoretical instruction to make it equal in educational content to other academic courses and was truly a degree course. The number of students who could be accepted was necessarily limited. The fees were high and the number of girls qualifying in this way would never be very many.

Amongst visits I paid was one to the Toronto General Hospital and to the new Sunnyside Veterans' Hospital, where I saw in both hospitals new techniques and new equipment. At the Toronto General Hospital, for instance, a central supply dressing room not only supplied the whole hospital with sterile dressing trays, but also sterile syringes and needles. At Sunnyside formica was being used for locker tops, benches and other purposes. It was the first time I had seen this plastic material used and I was very impressed by its durability.

There were many parties, but I managed to fit in seeing several of my personal friends who had nothing to do with the nursing world. I had to say goodbye again, this time certainly feeling that I would never return, and left for Montreal where I had a short stay of three days as the guest of Miss Mathieson, the matron of the Montreal General Hospital.

Misadventure, however, overcame me. Notwithstanding that I travelled in a single compartment sleeper on the train, my arm was bitten by bugs. I had a most uncomfortable day in Montreal as my hand gradually became more and more swollen and irritable. I was taken to Oklahoma and by the time I returned to the hospital I was in a very agitated state of mind and had a most uncomfortable night bathing my hand and arm in hot water. Next morning the home supervisor insisted on my seeing the doctor, and for that day and the next I was kept in bed having hourly fomentations and treatment for my arm, as he thought I was developing cellulitis.

On the fourth morning, the day I was due to leave Montreal for New York, at first the doctor said I could not travel, but as I was leaving New York for New Zealand I was determined I was going to leave. This doctor was most comforting when he said: "Surely you are not going to fly to New Zealand after reading this morning's paper." When I said "Why not?" he told me that two planes each containing fifty passengers had been destroyed, one in an accident on the La Guardia Airport, and the other crashing into a mountain near Baltimore. However, finally he said I could go provided my arm was in a sling and I consulted a doctor in New York.

I arrived at the Hudson Hotel in New York to find Miss Banks waiting for me. It was a very hot day and as I thought it was perhaps advisable that we should have a fairly restful day, since we were both tired, we decided to go and sit in Central Park. Little did we know Central Park on a hot New York Sunday. Literally there was hardly room to see the grass for the people. Babies playing on the grass, children hopping everywhere and obeying nature's calls with no privacy at all, lovers lying in close embrace and the elderly sprawled sound asleep, many of them snoring.

An hour of this was sufficient and we decided to take the subway and go to the top of Riverside Drive, where we could get more air on the banks of the river.

The next two days were crowded with farewell visits, but I managed to find a French print of Renoir's picture "Petite Marguerite" which I had seen and admired in the Metropolitan Museum ten years before. In addition I did a little last-minute shopping for my family before the journey home.

We arrived at Auckland in the early afternoon, very weary, glad to be home, but appreciating very much the contact with so many kind women and bringing back many new ideas which we hoped would be of use to New Zealand.

Chapter XXV

SOUTH PACIFIC HEALTH SERVICE

IN AN EARLIER CHAPTER I DESCRIBED HOW NEW ZEALAND TOOK OVER the supervision of the nursing staff in the Fiji Islands as well as the Western Samoa, Cook Islands and Niue. After it became the responsibility of New Zealand to second registered nurses to Fiji as sisters, staff nurses and Public Health sisters, the number of Europeans in these positions steadily increased as fresh departments in the various hospitals and health districts were opened.

A small number of European girls came to New Zealand to train and practically all of the Europeans who had completed their general training in Suva came to New Zealand for maternity training and staff experience before returning to Suva. Some returned after a year, a few stayed longer and a few didn't return at all. Even during the early years of the war the service expanded partly because in Fiji, anyway, the war conditions accentuated the number of patients to be cared for.

Early in 1943, Sir Philip Mitchell, who had become the Governor of Fiji in the previous year, requested the New Zealand Government to send Dr. Watt and myself to make a complete survey of the Islands with the object of making recommendations on the future of the entire medical service. The pressure of war had shown up certain weaknesses and he felt it necessary that changes should be made. In July of that year Dr. Watt and I went to Fiji for six weeks.

At this stage Lady Mitchell had not joined her husband, so that I was the only woman in the household of approximately six men, Sir Philip, two aides-de-camp, one of the Resident Commissioners of the Gilbert and Ellice Islands, Dr. Watt and one of the secretaries. Sir Philip was a man of very strong personality. He had the ability to hold his own with the Americans and to work smoothly with them.

Our survey included a complete inspection of all the hospitals and the Leper Station at Makogai. In addition visits were paid to the public health nurses and to one or two isolated rural communities.

One of the most interesting visits was one paid to Nambouwala, a small village at one end of Vanua Levu which we went to on the Government launch en route to Lambasa. This village had an excellent school and a provincial hospital in the charge of a Fijian medical practitioner. His wife was the nurse. The school was managed by the wife of one of the Fijian chiefs, Rata George. It was a school for the daughters of the leading Fijians in the surrounding area and was planned like a domestic science college. The girls lived in dormitories, they were responsible for growing their own vegetables, washing their own clothes, ironing them with irons heated by coconut chips and doing their own cooking on a Dover stove, as well as an open fire place. They had a cow which they milked and a pen of fowls and chickens to care for. In the sewing class they had made their own school uniforms, a very attractive lavender print, and they helped the nurse at the hospital to care for babies. For amusement, they were taught their own national songs and dances and the weaving of mats and other articles.

I was very impressed by this Fijian headmistress. She had never been to school herself, but felt that there would be no progress amongst the Fijians until the women were better taught.

I had previously visited Makogai, the Leper Station, but was very pleased to have an opportunity of returning. This colony is situated on its own island, which is divided into a "clean" portion, where the doctor and administrative staff live and where is situated the farm which provides most of the colony's food; and a "hospital" section where the patients and staff are housed.

Though the colony is administered by the Fijian Government with a grant from the New Zealand Government on behalf of those patients for which New Zealand is responsible, the nursing is carried out by the sisters of the Missionary Order of Mary. The hospital buildings and the convent are situated round the shores of a beautiful little bay; the women and children are housed in wards within the hospital compound, but the men live in small villages of national groups round

the coast of the hospital section. These villages each have their own gardens and the men may fish within the lagoon. Treatment is given in a treatment room attached to each village.

The hospital itself includes not only the wards for the women and children but also the administration buildings, x-ray, laboratory, dispensary and operating theatre as well as a school, entertainment hall and church. It owes the New Zealand public a great deal as it has many amenities paid for by the funds raised by the Leper Trust Board. Each time I have visited there I have been impressed by the standard of care and the steady improvement in the station.

During the last week of our visit Dr. Watt and I spent most of our time compiling our report, which had many far-reaching recommendations. These were discussed with the Governor and the Executive Council in Fiji. Many had to be referred to the Colonial Office in England and to the New Zealand Government. Two of the most important recommendations related to the appointment of a doctor to be known as the Inspector-General of the South Pacific Health Service, who would have the responsibility of supervising the medical services of all of the British possessions in the South Pacific, together with those of New Zealand, with the idea of gradually building up a unified medical service; and the setting up of a South Pacific Health Board, on which Fiji, the Western High Commission and New Zealand would have representation. Consideration was to be given to inviting Australia to sit on this Board, in view of her interest in New Guinea and Papua, and, as well, the Rockefeller Foundation because of its interest in the South Pacific.

We were to have returned to New Zealand by air with the New Zealand Squadron, which was based on Fiji, but the New Zealanders were required at a skirmish in the Solomons so arrangements had to be made for us to return on the American troopship *Talamanea*. We were civilians, so we were not welcome on a troopship, and further the problem of having a woman travelling on a troopship was regarded seriously. The Governor, however, persuaded the captain to take me and he agreed on condition that I looked after myself. Never will I forget that trip. I was shown into a cabin with four bunks. There was

no bedding of any kind at all and the cabin and the bathroom off it were filthy. However, I spread my dressing gown over the mattress and used a piece of tissue for a pillow case. With a face flannel I cleaned up part of the bathroom floor and fortunately had a small face towel to use as a towel. They were transport meals, so we had breakfast at 6 a.m. and dinner at 4 p.m. These were the only two meals.

After three days at sea we went into Noumea to pick up more troops for New Zealand. I will never forget that sight of Noumea as we steamed into the bay. The island is very hilly and surrounded by a reef. It has a very narrow entrance and a long channel through the lagoon into the bay, which again has a narrow entrance into an inner bay. In these two bays lay a huge American and British fleet—about 150 ships of all kinds from large battle cruisers and aircraft carriers to a small landing craft. The harbour was surrounded by a balloon barrage which looked like huge silver birds in the sky. It was a brilliantly hot day with a bright blue sky and we were not allowed on shore so I spent the day watching the thousands of men going to and from the ships at anchor to the port. Before sailing we took on board a party of twenty-four American nurses coming to New Zealand on furlough. They could not understand when I told them that New Zealand was proud of being British and would not wish to belong to the United States.

By the end of 1944 the recommendations concerning the setting up of the South Pacific Board of Health and the appointment of an Inspector-General had been agreed to, and Dr. Buchanan had arrived from London to take up the position as Inspector-General.

It was decided to hold a preliminary meeting in Fiji and before that to make visits with Dr. Buchanan to New Zealand Dependencies. On this occasion we flew to Fiji by the Sunderland Flying Service—we there met Dr. Buchanan and set out with him the next day to Tonga, Samoa and Rarotonga, travelling in an Army plane. This involved board seats along the side of the plane, which was not pressurized in any way and therefore varied from being extremely hot to extremely cold.

This visit, however, gave us an opportunity of reviewing carefully the nursing and medical service of Samoa and Rarotonga. In Samoa there had been vast improvements since my original visit ten years

earlier, although some of the recommendations, particularly in regard to sanitary services, had never been fully carried out and naturally, with the passage of time, the building as a whole required a great deal of renovation. On the other hand the training of the Samoan nurses had improved tremendously and the work being done in the villages amongst the babies and children was of a reasonably good standard; however, it was quite obvious that recommendations would have to be made to New Zealand to rebuild part of the hospital. One of the most interesting new developments was a school training dental assistants under the same curriculum as followed for the New Zealand dental nurse. This was being done extremely well and served as a model for what might take place throughout the service.

From Samoa the long flight to Rarotonga over the small atoll of Palmerston Island, gave us an opportunity of a few hours at Aitutaki and there I was so surprised to find Caroline Henry, one of the girls from Puka Puka who had been in training in Samoa in 1934. Caroline was the only nurse at the hospital and worked with Tai Cowan, who was the Assistant Medical Practitioner. This little hospital was really only a series of hutments with a dispensary attached.

The hospital at Rarotonga was a very old building and extremely inconvenient. Again, it lacked modern appliances and was far too small for the amount of work which was undertaken. Miss Hawkes, who was in charge, had previously been five years at Norfolk and five years at Niue, so she had a long period in tropical service. She certainly understood the Rarotongan people and was very good to them. The district work, which was combined with district midwifery, was being carried on under very difficult conditions as the nurse lived in a rented flat. The rest of the house was occupied by Rarotongans. The greatest difficulty was that she had no transport except a bicycle and as her work lay round the whole island, the distances were too long for bicycling in hot weather. The nurse could obtain a hospital car only occasionally when it was not being used by the doctors. These conditions made it very difficult to develop district work.

Some distance out from the Awarua township on the top of the hill had been built a new twenty-four bed sanatorium, which at this time was

not quite completed. It was a very good building and had very definite possibilities; the only problem was the isolated area, a long way from other houses, and I could see there were going to be difficulties about maintaining staff there without proper transport.

On our return to Samoa we joined the *Matua* and went to Niue where we spent the day, again visiting the hospital and the district service. This small hospital had been improved considerably since I had seen it last. New quarters had been built for the European staff but were not quite finished. The greatest difficulty was sanitation.

From Niue we returned to Fiji by the *Matua,* calling at Vavau in the Northern Tongas, where the hospital was extremely primitive. Then we had a day at Nukualofa. Here we visited the hospital and again the question of sanitation and the lack of good services involved many problems. I was taken to see an Infant Welfare Clinic managed by two of the Tongan nurses and saw what was possible as a district service.

In Tonga a highlight of the visit was when the New Zealand sister and I were asked to afternoon tea with Queen Salote at her palace. I was very impressed by the Queen's knowledge of the conditions amongst her people. She told us how she had controlled the situation at the time when there was a large number of negro troops stationed at Nukualofa, and she might well be proud of the results of her efforts. This tall woman, in her frock of brown silk with tiny cream spots and grass skirt, was a most impressive hostess with that natural dignity and charm which you see among the best of the Polynesians.

When the Board met in Fiji the representatives of the New Zealand Government were Dr. Watt and myself. Fiji was represented by Dr. Buchanan and Dr. Snodgrass; the Western High Commission by the Commissioner of this area, Mr. Chamberlain; Western Samoa by Dr. Monaghan; Rarotonga by Dr. Ellison. Dr. Rutter came from the Solomons. Our respective Governments had not then signed the agreement constituting the South Pacific Board, but we went over the suggested constitution, the curriculum for the training of various health workers, including medical practitioners, dental assistants, nurses, health inspectors, and mosquito control workers, and the conditions of service for the various employees. Plans were made for information on the various

infectious diseases to be sent to the various Governments. Quarantine regulations were discussed, and generally the future service was planned.

Under the new agreement it had been recommended that the New Zealand representatives should be the Director-General of Health, or his deputy, and the Director of the Nursing Division. When Australians were invited to serve on this board I was informed that the Director of Medical Services for New Guinea objected to the Director of the Division of Nursing being a member specifically, and I was asked if I would be willing to reconsider the matter by having New Zealand represented by two members, without mention of the Division of Nursing. I disagreed, owing to the fact that New Zealand was gradually becoming responsible for more and more nurses in this area, and I considered it was necessary that the Director of the Division of Nursing should be there to watch their interests. This matter was not raised again.

When the new Board met, New Zealand was finding about one hundred European sisters and was responsible for helping with the curriculum for various types of trainees throughout the whole of this huge area.

Probably the most important step which was taken at this initial meeting was the recommendation that the Board should employ a nutritionist to make a survey of the natural foods used in the various island groups and how they could best be used, so that the peoples concerned would have a balanced and correct diet without resorting to European food.

After that initial meeting, meetings were held annually in Suva, so I paid visits in 1947, 1948 and 1949, sometimes visiting one area out of Suva and sometimes another. Miss Doris Pedersen had succeeded Miss Lea as Nursing Superintendent, and had become a purely administrative officer, responsible for the supervision of the various hospitals and public health nursing services. These gradually grew to six hospitals with European staff, eight provincial hospitals with purely Fijian staff, and six health sisters, each of whom had under her supervision ten to twenty district nurses. The training of Fijians and Indians had improved tremendously.

An early agreement under the new conditions had been made, that any girl who had had good secondary education, equal to that of New Zealand, provided the Nurses' and Midwives' Board agreed, could be accepted in a New Zealand hospital. A few girls of both European and indigenous race came to New Zealand under this agreement. Ultimately most of these girls have returned to their own homes, have been appointed as sisters on the European scale, and have been most successful in their careers. I feel this is largely due to the fact that they were carefully selected in the beginning.

One of my pleasures was going into the operating theatre at Tamavua when I wasn't expected, and finding an artificial pneumo-thorax being carried out by a Fijian medical practitioner with a Fijian nurse assisting him, and no European anywhere near. The whole procedure was being carried out with the most careful asepsis. It showed what could be accomplished with good training.

In the fifteen years of my close personal contact with the island services it was most interesting to see them gradually develop from very small beginnings to achievements of which one could be really proud.

Chapter XXVI

POST-WAR EXPANSION AND ITS PROBLEMS

WHEN THE END OF THE WAR CAME IN 1945 MANY PEOPLE THOUGHT that our difficulties with hospital staffing would be over; that the nurses who were overseas would be returning, and that many of the aids who had been in the services both in New Zealand and overseas would go into hospital and do their general training. The position proved totally different. To begin with, a very large percentage, between sixty-five and seventy per cent, of the sisters in the services married either overseas or within a few months of returning to New Zealand. Of the remainder very few wished to go back to public hospitals. A large number entered the Public Health services, either of the Department or the Plunket Society, and proved very useful and excellent additions to the staff, but that did not help the hospital position.

The emergency regulations, which had controlled the movement of staff to a very large degree, were suspended in December 1945. This meant that those on the staff of the public hospitals were free from any restrictions, and many who had not been allowed to leave the country thought that now was their opportunity to obtain some overseas experience. The result was that in a few months a large number left New Zealand for either Australia or the United Kingdom.

Another difficulty arose through the fact that many of the private hospital matrons who had carried on under great difficulties during the war, and a number of whom were beyond retiring age, felt that they could not continue, particularly as they could see fresh difficulties had to be faced, so they surrendered their licences.

Very few of these licences were taken up by other nurses, partly because very few had the finance and also because many of these hospitals were accommodated in very old buildings which required a great

deal of renovation. Costs of renovation were high and consequently most of these hospitals were turned into flats, hostels or rooming houses. So the public hospitals had to create additional beds. The Civil Nursing Reserve became so reduced in size that it was decided after a few months to close the service. It was not worth while to maintain it when the strength was so small.

While these difficulties were mounting the public hospitals were faced with a large increase in their occupied bed rate. Returned servicemen who still required treatment—and there were a large number —were accommodated in the public hospitals. The newer treatments, such as the antibiotic drugs and blood transfusion, necessitated patients entering hospital for treatment. Early ambulation was introduced and this meant that the turnover of acutely-ill patients was much more rapid; and added to these factors was the free hospital service introduced under the Social Security Act, which encouraged patients' admission and length of stay.

The next two or three years were extremely worrying. The Government was pressing for a reduction of hours, which could not be made without additional staff. All kinds of measures to recruit staff had to be introduced, but the greatest difficulty of all existed in the obstetric hospitals. For several years before his retirement Dr. Paget had drawn attention to the probability that there would be a marked increase in our birthrate immediately after the war. With the return of servicemen many marriages took place, and 1947 saw the highest birthrate New Zealand had known.

Many of the private obstetric hospital licences were surrendered. The small four-to-eight-bed maternity hospital, which had previously been privately owned, became almost non-existent and in many towns there were no private obstetric hospitals left. The public maternity annexes were not ready for this sudden expansion. Emergency wards, often of not a very suitable type for obstetrical work, had to be taken over.

Early ambulation was introduced without the necessary equipment in some instances, and many mothers were sent home on the tenth to twelfth day, instead of remaining for fourteen as before. It was

inevitable that there would be criticism. In 1946, soon after the appointment of Dr. Doris Gordon as Director of Maternal Welfare, the New Zealand Obstetrical and Gynaecological Society held an inquiry into the problem of maternity hospital staffing. On receipt of the report of this inquiry the Honourable the Minister of Health convened a conference to consider "General Questions Relating to Maternal Welfare". The members of the Conference included representatives of the Registered Nurses' Association, the Hospital Boards' Association, the Hospital Medical Superintendents, the University of Otago, the Plunket Society, and the Department of Health. The Conference considered the whole field of obstetrical care and each aspect was the subject of a report by the different divisional directors affected, including myself.

I had gone to a great deal of trouble to show the standards of obstetrical nursing practice throughout the Dominion through the techniques laid down by the Nurses' and Midwives' Board, the proportion of staff to patients as shown by the annual returns, and the maternal and infant morbidity and mortality rates. The result of this enquiry was a complete justification of the obstetric nursing service. These women who had worked so efficiently and continuously under the greatest of difficulties were complimented on the standard they had maintained.

At the same time the public health field was also expanding. A director had been appointed to the newly-created Tuberculosis Division of the Department. This meant the launching of a case-finding programme with intensive follow-up. Immunization programmes against diphtheria and whooping cough were also launched, and to show the value of better hygiene, the whole programme of health education was increased. The object of all of this was to reduce the sickness rate.

A campaign of this kind could not be introduced without additional staff. The district nursing staff of the Department was nearly doubled in one year. Under the Social Security Act, the District Nursing Benefit was introduced in 1946 as a free service. The object was to give free bedside nursing in the home to either chronic or early discharged cases so as to reduce the hospital load. This again meant more staff. The

Plunket Society also expanded its programme with the object of improving its service.

All of these activities underlined the need for careful recruitment and better co-ordination to make the best use of the staff available. As a beginning a recruitment campaign was inaugurated for applicants for general and maternity training. A joint committee of the hospital boards and the Department was set up to initiate publicity by means of the press, radio, posters, literature and talks in schools and among groups of women and girls. Married nurses were asked if they would be willing to work even on a part-time basis, and aids from the Red Cross Society and St. John were recruited to as large an extent as possible.

Negotiations were entered into with hospital boards and the Plunket Society to co-ordinate public health nursing services so that there should not be duplication. It was considered that in isolated and thinly populated country districts one nurse could cover all three services if the district was of a reasonable size. In this way accommodation and transport problems would be eased and duplication and expense avoided.

The recruiting programme did, I think, have a reasonable success, but we all had to learn a great deal about modern publicity. It was easy to suggest films, but a totally different thing to make one. It was not only necessary to choose photogenic girls, but it was necessary to see that the layout was attractive and the technique carried out according to prepared standards. So frequently the photographer thought only of the attractiveness and sensational appeal of a picture, and failed to analyse the professional implications. Well I remember a film being made about obstetrical nursing, wherein a nurse rushed through a door holding a baby in either arm, giving the impression of great urgency. But what the mothers would have thought if they had seen it and noted the high risk of the baby's head being banged by a swinging door I cannot imagine.

On another occasion there was a delightful picture of a group of girls lying on a rug on the hillside. One was in complete uniform in the overall which we had instructed must be left behind in the ward. Hair frequently had been taken dangling on the shoulders in a most unprofessional manner and one model who was not a nurse appeared in a

poster with her medal on her wrong side, a ring on her finger and a most unprofessional hair-do.

The co-ordination planned among Public Health nurses was very difficult, largely because each organization wanted to retain its own staff and carry on with its own methods, not realizing that with any scheme of co-ordination there has to be compromise on certain points to achieve the best result. However, gradually in some instances, the Department took over the hospital board bedside programme, and in a few instances even the Plunket work of the district, while in others the hospital board and the Plunket Society undertook the departmental duties. The principal difficulties were, in the case of the Department, that nurses were afraid that daily bedside care would take up so much time that preventive work would suffer; therefore they followed the principle of teaching bedside care and maintaining it under supervision at intervals. Where they were undertaking Plunket duties, the existence of a local Plunket committee of women who must be consulted and encouraged to be interested in the work was a new factor. In some instances departmental nurses felt that there was undue interference.

On the hospital board side preventive measures were not always understood. On one occasion I can remember a supervisory nurse asking why so many visits to babies who were normal were made. Surely the baby must be ill if it were to be visited. She had not appreciated the responsibility to keep a well baby well. The method of giving bedside care by teaching and then maintaining supervision was not understood, as it had been the custom to give the bedside care on a daily basis. But I think the greatest difficulty existed when the Plunket Society undertook departmental duties, or vice versa, because not only were there voluntary committees to be used, but the question of money was involved. The Plunket nurses had always been accustomed to selling their literature for profit whereas the departmental staff had been accustomed to giving their supplies for nothing.

This co-ordination involved a revision of nurses' report forms, both for daily and monthly use, so that a similar basis of returns could be compiled for use by the various authorities. This was further necessitated by the tuberculosis and immunization programme. The object

Board of Directors, International Council of Nurses, Brussels, 1951

was to create a family record system so that the social facts of each household should be known. This new record system could be accepted fairly readily by new staff, but it took time to "sell it" to most senior staff to get satisfactory figures.

These measures meant that a great deal of staff education became necessary. A quarterly conference in each district office was introduced. To encourage better appreciation of these conferences, local staffs were asked to contribute papers or case histories. District libraries were introduced and a *Nursing Gazette* was published every two months and sent direct to each member of the staff. It was planned that the *Gazette* would contain standard instructions and extracts of interesting articles from overseas journals, or any matter pertinent to their work. A central film library of both film strips and larger films was created, district offices having the authority to borrow films providing they had a person qualified to show them. As a final step a health exhibition was prepared which could be sent to various districts for show purposes for a few days or weeks as required.

All of this took a long time to build up, and the whole of the period from the end of the war saw this service of publicity gradually expand till it became a very large section of the Department's work. It was a continuous development, seeking fresh ideas and fields wherever possible, but all planned to assist the public toward a better appreciation of the health services of the Dominion, both curative and preventive.

Chapter XXVII

NURSES' AND MIDWIVES' BOARD

NEW ZEALAND FORMULATED THE FIRST NURSING REGISTRATION ACT IN the world, passed in 1901. This Act was administered by the Department of Health until 1926, when a new Act brought into being a Nurses' and Midwives' Board which would control the curriculum, examination, registration, and the general welfare and discipline of the profession. The Board, as it was originally set up, consisted of the Director-General of Health as chairman, the Director of the Division of Nursing as registrar, a medical practitioner nominated by the Minister, and two nurses nominated by the New Zealand Registered Nurses' Association, one to represent the nurses and one the midwives, thus giving the board three nurses and two doctors.

In 1930, when the Act was amended to provide for training in the public section of a private hospital or institution, the Hospital Boards' Association was given power to nominate a member to this Board, but, to maintain the nursing majority, the number of nurses nominated by the New Zealand Registered Nurses' Association was increased to three. In 1947 when the supervision of psychiatric training fell to this Board, the Director of the Mental Hospitals was appointed a member and the nursing representation was increased again, to four, one of whom must represent psychiatric nurses.

This method of setting up a board was very different from that of the General Nursing Council which had been set up in the United Kingdom in 1919, and the boards set up in the Australian States between 1920 and 1924. In the United Kingdom, on the General Nursing Council for England and Wales, for instance, though there is a certain number of nominated members representing the Ministries of Health and Education, most of the nurse members are elected by the registered nurses of the country by means of postal ballot. Our

method was severely criticized by Dame Katherine Watt in 1950, when she paid a courtesy visit to New Zealand.

The nominated members of the New Zealand Registered Nurses' Association are elected in what is really a most satisfactory manner, for this country. The secretary of the Nurses' and Midwives' Board notifies the New Zealand Registered Nurses' Association at the beginning of each year of any vacancies likely to occur on the Board during that year. The term of office is one of three years. The Dominion Secretary of the Registered Nurses' Association notifies all Branches, who in turn nominate suitable people for the vacancies and from these nominations an election by secret ballot is taken at the New Zealand Registered Nurses' Association's annual conference. This method has ensured that members of the Association are given the opportunity of nominating anyone they wish, and the election procedure ensures that the nurse whom the majority of Branches consider to be the most suitable is elected. New Zealand has been fortunate in the nurse members of its Board. Without exception they have been women of outstanding ability, and membership of the Board is the most coveted post among nurses.

When the representative of the Hospital Boards' Association was appointed a great deal of misgiving was felt by the profession, but it proved to be a useful innovation, as in each case the appointee has been the chairman of that Association, and he has been able to interpret the Nurses' and Midwives' Board's policy to the hospital boards with beneficial results.

Peculiarly, there have been only two doctors nominated so far by the Minister. Dr. William Young, a member from 1926 to 1948, was succeeded by Dr. T. F. Corkill. Dr. Young was a most outstanding member and a very good friend to New Zealand nurses.

The work of the Board can be listed under various headings:

1. The Curriculum for Various Types of Training

(*a*) *General Nurses.* The curriculum was revised approximately every five years during my period of office. To ensure that the curriculum was correctly taught, improved methods of teaching, such as the block system and study days, were introduced. This was not done easily. I

had seen the block system carried out very generally in Scandinavia and at University College Hospital in London, and in 1938 was able to persuade Miss Menzies of Waikato Hospital to introduce the system. As it proved of advantage to the nurses, the wards and the teachers, gradually this system extended, and it became necessary to lay down a maximum amount of time which could be spent by a nurse in training in school to ensure that sufficient time was allowed for clinical experience.

Towards the end of the war a study day system of teaching was introduced at the London Hospital, whereby the nurses spent one day in school, one day off and five days in the wards. This method was introduced first in Auckland where a combined school for four hospitals was established. This system meant that the nurses in the four hospitals could attend classes one day of the week. The school was divided into six classes.

The next step became necessary when it was found from the inspection of records, that hospitals were not ensuring that all nurses had adequate clinical experience in all the required fields. Regulations governing the required clinical experience had to be laid down and it was hoped that these regulations would assist the better correlation of the theory and practice of nursing.

(*b*) *Nursing Aid.* When I returned from Europe at the end of 1937 I recommended that a subsidiary form of training should be considered. The reason for this was that, with the introduction of the Social Security legislation, it was anticipated that many nurses would be required for nursing the more chronic type of case in their own homes. It was thought that this type of training would appeal to the young girl or older woman who wanted to undertake a shorter course or who had not the educational standard to pass the examinations of the general nurse.

A course of such a nature was approved by the Nurses' and Midwives' Board and by the nursing and medical professions, who were consulted. The original Act was amended and regulations were gazetted in 1939. Though this training was planned to take place in the smaller hospitals, in practice it extended to the hospitals for chronic cases, and, as the older woman whom it had been hoped to recruit was absorbed in the

new development of industry which the war brought, the recruits were young girls who were too young to begin their general training. This led to difficulties. Towards the end of the war many of the girls who had been voluntary aids overseas were given certain concessions and were able to qualify as nursing aids and proved excellent types as they were older and experienced women.

(*c*) *Male Nurses.* Early in 1940 the question of training male nurses for the use of the Services and for use among returning sick servicemen arose. A representative committee was set up to draft a curriculum planned to cover a period of three years. While this was under consideration the male nurses already employed in hospitals were concerned about their future status and how much concession in the training period would be given to them, and what would be the effect on their hours and rates of pay. The Act had been passed but regulations had not been drafted. Therefore the Nurses' and Midwives' Board empowered me to interview the male nurses at Auckland, who were the largest group, and discuss with them a two years' course on the lines of the nursing aid course, as it was considered unnecessary for men to spend three years in training if they were not going to nurse women and children.

A meeting was arranged in Auckland, the advantages and disadvantages of the proposal were placed before the men, and they agreed to a two-year course. Therefore, the regulations were drafted accordingly, and those men who had a required amount of experience were allowed to sit a special examination. If they passed they were admitted to the new register.

(*d*) *Psychiatric Nurses.* For many years the Mental Hospitals Department had conducted some form of training and held internal examinations which entitled nurses so qualified to be entered on the departmental list. This did not entitle these nurses to State registration or give them any rights of reciprocity. This led to certain difficulties when these people went abroad. The Mental Hospitals Department, therefore, approached the Nurses' and Midwives' Board to see whether these problems could not be overcome. Again, a committee was set up to draft a curriculum and make recommendations to the Government covering the whole matter.

The result of these negotiations was that in 1947 the Act was again amended, altering the constitution of the Board to give adequate representation to this form of nursing. The Board was given the power of inspection, a curriculum was approved, and regulations were gazetted laying down the various conditions for training.

(*e*) *Maternity Nurses and Midwives.* From time to time alterations were made in the syllabus according to the medical practice of the period, just as was done with the general syllabus. In 1948 consideration was given to redrafting the whole form of training, but, after discussing these proposals with a matrons' conference, I decided that the time was not opportune and the plans were abandoned.

2. Inspection

The Nursing Division inspected from two angles the public hospitals which were training schools. The first concern was to consider all aspects of the teaching of nurses, which were referred to the Nurses' and Midwives' Board, and the second to consider administrative problems, which were referred to the Department of Health. In inspection from the teaching angle it was necessary to consider such points as staff; the proportion of nurses to patients, and the proportion of registered nurses to student nurses; the conditions of work for student nurses (with such points as the methods taken to protect their health, involving the scrutinizing of the nurses' personal records); the amount and variety of case material in the hospital to ensure that patients of varying types could be admitted; the living conditions of the nurses, together with their recreational facilities; the classrooms; the amount of teaching equipment; and the method and timing of lectures and internal examinations.

The system of inspection without the company of the matron, which had been introduced, gave the nurse-inspectors an opportunity of discussion individually with all of those sisters who were concerned in the personal care and teaching of nurses. This in turn gave opportunity for individual consideration, both of the teacher and of the student.

3. Examinations

The conduct of the State examinations is the responsibility of the Nurses' and Midwives' Board. A panel of examiners was approved by the Board, and a system was developed whereby certain examiners were chosen for each examination. The questions set were reviewed by a sub-committee of the Board, which, on occasions, had to return these questions for further consideration.

When I first became Registrar the State Examinations consisted of the final general State examination with a medical and surgical paper and an oral examination, and the State maternity and midwifery examinations. The first innovation was the introduction of a nursing paper in the final general examination. The second was the introduction of the preliminary State examination, consisting of anatomy and physiology and the nursing paper; the next, to substitute the oral examination by a practical examination in the wards of the hospital; and, finally, the introduction of a paper on nutrition in the final general examination.

At the same time the number of examinations increased with the introduction of the training of nursing aids, male nurses, psychiatric nurses, and post-certificate courses which were introduced for special subjects. The number sitting in this period of twenty years more than trebled. The system of conducting the examinations and the records necessary were constantly reviewed in an endeavour to maintain the same standard as followed by the university and the Education Department. Inevitably, as the years have gone by, frequent changes have been made. This will always be so if a live system is to be maintained.

As the numbers increased it became necessary in the nursing examination to have the paper set by one nurse and the correction done by a panel of nurses who would be drawn from various training schools. The doctors' papers became a problem as the number increased, and a suggestion was made that a similar system should be adopted in that the paper, after being set, would be corrected by a panel of nurse examiners under the guidance of whoever set the paper. This did not meet with the approval of the doctors, who preferred to have the

correction shared with a second examiner. The panel system is one followed in many countries and I think that in time this country will have to adopt a similar plan.

4. Registration

Many nurses have thought that once they had passed the examinations they automatically became registered, but this is not so. The nurse, when she sits for her final examination, fills in a form applying for registration, and states on it what clinical experience she has had during her training. This form, together with the confidential report from the matron of her training school, becomes the application for registration. These applications are considered *en masse* by the Nurses' and Midwives' Board after the last examination. Naturally every application is not looked at by the Board, but it is the responsibility of the registrar to go through every application and select out of them any one whose report is unsatisfactory for any reason and report on these special cases to a meeting of the Board. The number of these cases so referred is not great, but there have been instances when, because of some very unfavourable condition, registration of a nurse has been withheld. A nurse is not registered until she receives formal notice of acceptance by the Nurses' and Midwives' Board. She has the right to appeal if her registration is refused.

The nurse whose registration had been refused, would, in general, be put on probation for a period in a hospital where she could be closely supervised, and, provided a favourable report was received at the end of the period, she would be admitted to the register.

The register is a locked document kept in books, but the working register for everyday purposes is maintained in a card system and reviewed from time to time. In 1933 when the register was first cleared, it contained names that had been there from its inception. The clearing of the register was a tremendous task. It involved sending a registered letter to every person on the register. No name could be removed before proof of death, or unless a written statement was received, saying that the person wished her name removed from the register.

As there were eleven thousand names, the work involved was tremendous, but, in spite of the clearing of the register, which was done three times, no satisfactory system was evolved until the Government agreed to the introduction of an annual practising certificate and a working register. Even then, as the Government of the day would not allow nurses to be charged a practising fee, many nurses did not understand the necessity for a practising certificate, and it took several years and the introduction of a fee before nurses and administrative officers realized the value of this certificate.

5. Broken Training

Because many nurses, after beginning their training, have for some reason discontinued and then wished to resume, it became necessary to pass a regulation providing that any nurse who had a period in excess of six months as a break in her training must apply to the Nurses' and Midwives' Board to be informed whether the period of training already undergone might count towards the completion of her training and enable her to sit the State examination. Causes of broken training periods have been ill-health, family exigencies, and marriage.

Lastly, there were the difficult ones, who, for some disciplinary reason, had had to cease their training. With this group I always felt that no matter what the fault, every girl should be given a second chance. Many of these problem girls, if you could spare the time to talk to them and know them, had come from problem homes and their waywardness was often due to lack of proper home training. The majority responded to consideration, although in most instances the Board would require a period of probationary service, depending on the circumstances, before the nurse would be allowed to continue. In a few cases this second chance was not successful, but the number was very small, and the policy of the Board was that the profession was better without that type of individual. This work of the Board I found intensely interesting. Many girls helped in this way were in later years an honour to their profession.

6. Reciprocity

Soon after the establishment of registration for nurses in the United Kingdom a reciprocal agreement was entered into between the United Kingdom and New Zealand on this matter. This has been one of the most precious possessions of the New Zealand registered nurse.

This was not the case with the Central Midwives' Board, which is the body registering midwives in the United Kingdom. When the new Midwives' Act was introduced in 1938 the Central Midwives' Board considered that New Zealand midwives must sit for the State examination in England before registration and undertake five district cases. The New Zealand Board quite understood the provision for the district work, in view of the fact that so little district work is done here, but did not consider that it was reasonable to ask New Zealand nurses to sit for the examination when our training had the same content and had been divided into two parts from 1931. Negotiations ensued and after some months the Central Midwives' Board withdrew the requirement of sitting the examination.

Reciprocal agreements were entered into with South Africa, various Australian States and certain other countries of the British Commonwealth, such as India.

The New Zealand Act gives power to the Nurses' and Midwives' Board to register a nurse from any country where there is a State register and where the Board can be assured that the standard of training is equal to its own. In the case of a non-British subject it has been usual to require the nurse to undergo a probationary period in a New Zealand hospital to ensure that the nurse concerned can speak English and interpret our methods satisfactorily.

7. Discipline

One of the provisions in the principal Act gives the Board the responsibility to maintain a register of nurses who are considered satisfactory professionally. In short, the Board has the power to remove from the register the name of any nurse who has been convicted of an offence in Court, or has done any act which would belittle the profession in the eyes of the public. At every Board meeting, as a rule, there

would be one or two cases for consideration. The original Act gave the Board power only to warn or to remove the person's name as a disciplinary measure, but in 1940 an amendment to the Act was made, giving the Board power to fine up to a maximum amount or to suspend from the register. The individual nurse had the right of appeal before a special meeting of the Board with legal protection, and, failing agreement, appeal to a Judge of the Supreme Court. Quite apart from the fact that the Board wished to be fair, the proviso of appeal to a Judge of the Supreme Court ensured that the Board was careful in its decisions.

The part of the Board's work which concerned discipline or the personal problems of nurses, either in training or registered, always had a great appeal to me. As a young woman I had been helped on more than one occasion when I needed help and I was convinced that, if kindness with firmness were shown to these problem nurses, most could become useful members of the profession.

One afternoon two girls came to see me, both of whom had been great problems years before. One, on completion of her training, had been suspended from the register for grave misconduct, and the other had attempted to commit suicide, under very disgraceful circumstances. Both had made good. One held a senior position, not in New Zealand, and was regarded with the greatest respect. The other had married and came to see me to offer help in time of emergency. I came away from the office that afternoon with a feeling of pleasure at what these girls had accomplished.

Frequently matrons, and even the nurse members of the Board, thought at times I was too lenient, but I always felt that leniency to a degree was wise and paid in the rehabilitation of girls' lives.

Chapter XXVIII

CORRELATED HEALTH SERVICES

Occupational Therapy. IN THE EARLY 1930's I DREW THE ATTENTION OF the Nurses' Association to the need for occupational therapy in our hospitals. After World War I a certain amount of occupational therapy had been introduced for servicemen, but over the years this had lapsed. The result of my representations was that an approach was made to the Joint Council of the Order of St. John and the New Zealand Red Cross Society inquiring whether this organization would help in starting such a service again for New Zealand civilians who were in hospital for long periods. Already a marked improvement in the care of children had been noted with the introduction of hospital schools and it was hoped to get the same result among adults. The Joint Council, however, at the time considered that occupational therapy was unnecessary and was not prepared to assist. The proposal then remained in abeyance until early in 1940 when, with the outbreak of war, it became necessary to train workers to work with servicemen.

The only qualified occupational therapist in New Zealand was Miss Inman, at the Avondale Mental Hospital, who in the year before had come out from England to introduce occupational therapy in our mental hospitals. A meeting was arranged between Dr. Watt and myself with Dr. Buchanan, the medical superintendent, and Miss Inman, to discuss the question. We were impressed by what had already been accomplished at Avondale.

As a beginning it was decided to introduce a short period of six months' training and to have two classes of six students a year. This wartime training continued for the first two years. Only registered nurses, teachers or physiotherapists were accepted. After two years it was decided to accept girls with good education and to increase the

training period to two years for a girl with no previous experience and one year for people with previous training.

A new act was passed in 1948, by which an Occupational Therapy Board was set up, on which the occupational therapists could be represented. Regulations under this Act were passed to control curriculum, inspection, registration and examination in a manner similar to that of nurses. The introduction of this form of treatment had almost a spectacular effect in some instances. In others it took a long time for the hospitals to appreciate its value.

The occupational therapist in any hospital has tremendous opportunities. She is dealing, as a rule, with long-term patients, many of whom have physical disabilities and whose future occupation is uncertain. Those in psychiatric hospitals, often very difficult to manage in the early stages of treatment, respond tremendously through having work which is interesting and attractive given to them. Many people have found they had artistic ability of which they had had no knowledge.

The switch-over from work which is of a purely creative character to work which has a more utilitarian basis is of paramount importance, particularly for certain types, as work which has meaning is of more benefit ultimately than purely recreational work. At some stage I am quite sure that occupational therapy and rehabilitation will become merged as one.

Even with the elderly and chronic patients a great deal can be achieved, but results in this group depend to a great degree on the personality of the teacher and her ability to instil a spirit of competition within a group. The best results usually are obtained where class work as a group is carried out.

Dietitians. In the late 'twenties Dr. Falconer, who was then medical superintendent of Dunedin Hospital, persuaded the Otago Hospital Board to appoint an American-trained dietitian to reform the dietary services of the hospital. The appointment of this American dietitian, who was to be in charge of all of the dietary service, responsible to the medical superintendent and not to the matron, introduced a completely new organization into New Zealand hospitals and one which was not happily accepted.

The situation, therefore, was difficult; and added to this, the appointee introduced radical changes in the dietary overnight, and her standards of organization were not really equal in some ways to those previously obtaining. Therefore there was a tremendous amount of criticism and a great deal of unhappiness. After a period of three years the Hospital Board decided to terminate her employment.

This experience led most matrons to be strongly averse to any similar appointments. At the same time a number realized that changes had to be made. All the main hospitals proceeded to appoint senior sisters in charge of their kitchen departments.

At Wellington a New Zealand home science graduate, who had had a year's training in the United States at the Johns Hopkins Hospital, Baltimore, was appointed under similar conditions to the Dunedin Hospital, i.e., under the medical superintendent. She did much to modify the original complaints, by her ability and pleasant personality, but no real forward step was taken until 1940.

During my visit abroad in 1937 I had been impressed by the work which was being done in many of the dietary departments and realized that New Zealand hospitals must do more to improve their services, and have a more scientific approach to what was after all a very important section of the hospital service.

Towards the end of 1938 a vacancy occurred on the staff of Wellington Hospital and the Health Department was able to persuade the board to appoint Miss Monica McKenzie, first as assistant dietitian and then in charge of the department. Miss McKenzie, a New Zealand Home Science graduate, had done her dietitian training a year before in England.

Early in 1939 a conference was held, with Dr. Shore, the Director of Hospitals Division, in the chair. The Professor of Home Science, Mrs. Strong, together with her assistant, Dr. Gregory, Miss McKenzie, and Dr. Muriel Bell, the nutritionist of the Department, were present. The Department undertook to assist with the training of home science students and registered nurses as dietitians, and to encourage hospital boards to appoint qualified dietitians. At this meeting a sub-committee was set up to outline a course of training. Students were admitted at

the beginning of 1940 to Wellington Hospital, but the formal course did not begin until 1941.

This course was to be a year's training for home science graduates or diploma students, and a two-year course for registered nurses. This scheme continued until 1948, when it became necessary to stabilize the plan of training and create a register when dietitians from overseas began to come into the country. A new Act, the Dietitians' Act, passed that year set up a Dietitians' Board on which the Department, the Home Science School and the dietitians themselves were represented. This Board, in a manner similar to that of other boards, would be responsible for the curriculum, examination, registration, reciprocal agreements, the discipline and anything which pertained to the welfare of the profession. In the meantime the appointment of inspecting and educational dietitians to the staff of the Department had introduced a better supervision of the service than had been possible previously.

I was a member of the Board for the first three years, and it was very interesting to watch the gradual stabilization of a profession which has such an important part to play in the health service. One of its greatest problems will be the protection of the profession, as in the past many unqualified people have called themselves dietitians but have never had any formal training and in many instances have made money from a gullible public.

Physiotherapy. Again during my overseas trip in 1937, I had been impressed by various physiotherapy departments which I had seen, and I realized that many of our departments in New Zealand were very inferior. I had never inspected these departments, but I had been in many of them and knew that the general layout was often very unsatisfactory. I discussed my impressions with Dr. Watt, the Director-General of Health, and Miss Roberts, who at that time was principal of the Physiotherapy Training School in Dunedin. In 1938-39 a Miss Looker, from Guy's Hospital, London, was relieving on the staff of the training school in Dunedin, so it was suggested that before Miss Looker left New Zealand she should pay a visit to the physiotherapy departments throughout New Zealand and submit a report to the Health Department on their future development.

On the receipt of this report, the Department decided to approach the Otago Hospital Board to ask whether Miss Roberts might be employed in a part-time capacity each year for a period of two months, to visit the physiotherapy departments and advise as to the necessary improvements. This brought about a very happy relationship between the physiotherapy departments of the hospitals and the Nursing Division.

On Miss Roberts's retirement it was decided to use the charge physiotherapists at Rotorua in a similar capacity. In the interval a new school had been opened in Dunedin, a larger number of students were being taken and the principal would not have the available time to undertake the duties Miss Roberts had done. After a short period it was found that more was required than part-time assistance could give. Therefore in 1948 it was decided to appoint a full-time inspecting physiotherapist, and Miss Joan McGrath was appointed.

As I had been closely in touch and had been consulted on the development of these three services there is no doubt that this helped with the good relationship which became built up between the various professional groups within the hospital.

Social Workers. Although social work is a distinct profession with its own course of training, it is inevitable that the work of the social worker and the public health nurse must to some degree be correlated. Further, if social workers are to be attached to public hospitals, either in the outpatients' departments or in any other section, it is very important that there should be close relationship with the nursing profession.

New Zealand was late in establishing any formal training for social workers. In the Child Welfare Division of the Education Department many of the women officers were nurses, but many were not, and there was no common background of training. Partly because of this, and partly because it was realized that social work required a form of training as well as any other profession, in 1930 the National Council of Women and the Federation of University Women approached Victoria College to propose the introduction of such a course. Because of the depression in 1931 these negotiations had to be abandoned. In 1937 the matter again was raised and an approach was made to the

Carnegie Foundation to ascertain whether a grant could be made towards procuring someone to advise about such a course. One of the Carnegie Foundation staff visited New Zealand and plans were drawn up for a formal course, when war was imminent. Again the whole plan had to go into abeyance. However, in 1947, the matter was again brought forward and on this occasion agreement was reached with the Government to make a grant to the Victoria College Council to enable a School of Social Science to be established.

A professor was appointed and was given a year in New Zealand to study the social services before beginning the school, so it was 1950 before students were actually accepted. I was asked by Victoria College Council whether I would agree to act on the Advisory Council in association with this school, and as I had at that stage just retired from my official position I agreed. It has been interesting to watch the establishment of another profession with which it is most important that nurses should work happily if the best results are to be obtained.

Ancillary Services. All public services enjoy considerable benefit from the assistance of voluntary organizations, if they have it. A voluntary organization acts as a leaven and public educator. The principal voluntary organizations which, as Director of the Nursing Division, I had to work closely with were:

(*a*) *The Plunket Society.* This large organization has had a marked effect on the infant welfare of the Dominion, not only through its hospitals and district nurses, but also because the members of the Society have become imbued with the teachings of this Society and so in turn take a much more intelligent interest in the principles the Society puts into practice.

(*b*) *The Crippled Children Society.* After the Crippled Children Society was formed through a grant from Lord Nuffield, welfare officers were appointed by the Society throughout New Zealand to ensure that the rehabilitation of children crippled by any physical disability was carried out satisfactorily. This meant of course that the work of these officers had to be closely linked with that of the district nurses. Consultation with the Society on many occasions was undertaken to ensure that work was being carried out in a satisfactory manner.

(*c*) *Health Camps*. The Health Camps throughout New Zealand are managed and controlled by voluntary committees with a national council to advise on the finance and general policy. To ensure that satisfactory standards were being maintained, and to be of assistance to the camps, the Department was responsible for appointing the matrons and the assistant matrons to all of the camps. Again this involved close correlation and good relationships.

Although these nurses were departmental officers they were working with the camp committees and carrying out their policies. It was very necessary, if the best results were to be obtained, that there should be full co-operation.

(*d*) *Order of St. John and the New Zealand Red Cross Society*. For many years these two organizations have been recognized as ancillary services to the hospital service of the Dominion. For instance, in 1931, at the time of the Napier earthquake, it was these two organizations which lent the Department personnel and equipment to help staff the emergency hospitals and depots for displaced people. But it was not until 1939 that the formal training for voluntary aids came into effect.

These two organizations have done marvellous work, but unfortunately they do not agree as to their functions. This disagreement is not noticeable among the rank and file of their members, but exists more among the controlling authorities, and I have found the same disagreement exists wherever the two organizations function in any country. I think it is largely because they provide a somewhat similar service, in that each trains workers in first aid and home nursing. Whereas the Order of St. John has specialized in first aid on sports fields, the Red Cross have concerned themselves more with hospital service and social services to disabled people.

The conflict of interests has tended in some cases to make the raising of money a problem, and it is this conflict which leads to difficulties. At times, I know, both organizations were annoyed with the Department and the nursing division because we would not champion one or the other, but it was essential to retain a neutral attitude if the best relationships were to be enjoyed. I had much to be grateful for to both organizations and on many occasions it would not have been possible to

carry on the hospital functions of the Dominion without their assistance.

(*e*) *National Council of Women.* The National Council of Women is the organization to which all women's organizations, or the majority of them, are affiliated, and it is the Dominion office of this organization which has the responsibility of approaching the Government in regard to legislation affecting women and children.

On many occasions I found it most useful to have the friendship and confidence of this influential group of women, who could consult me on matters which would affect nurses and the services nurses gave to women and children, and on whom I could depend to give me advice.

Over and beyond these organizations I have mentioned there were others, many of importance but perhaps not so national in scope. They each had their part.

It is very necessary to realize how influential these organizations can be in the formation of public opinion. If a Government Department is to receive assistance, it is necessary, of course, to consider the organizations and to see that interesting work can be given to them, to maintain their interest. It is very easy for a government official to expand the work of a department if theMinister provides the finance, yet to forget that in doing this initiative and interest may be taken from the public and a valuable means of service lost.

No government servant finds it easy to work for a voluntary organization. The whole approach is so different. For instance, it is essential for the voluntary organization to have publicity to enable it to get its finance, whereas the government servant is trained never to seek publicity, which must be reserved for the ministerial head and not the department itself. The consideration of finance is a fundamental difference and is one which has caused much heartburning. The best can be achieved only by mutual understanding and trust.

Chapter XXIX

PRINCIPLES OF ADMINISTRATION

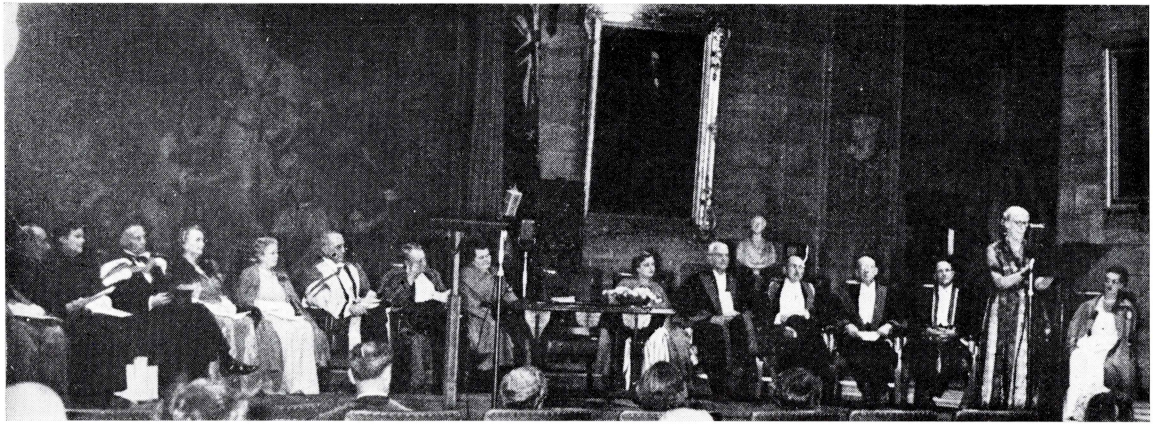
BEHIND ANY ADMINISTRATION MUST COME A WEALTH OF EXPERIENCE if the administrator is to give the necessary leadership to her profession. Personally I have found that each change of work brought its own interests and with each change you carried the past experience to enlarge the future. The knowledge of home and social problems was essential for adequate teaching; the experience of teaching and the personal knowledge of pupils were invaluable to one in a purely administrative position.

When I was appointed Director of the Nursing Division certain facts became most apparent to me. The first was that I found many people gave me insincere flattery, which made me feel that I had few real friends to begin with. In time I realized that all of us have faults and with experience it became easy to sort out reality in one's mind.

Justice seemed to me the most important quality, together with a recognition of the fact that you were dealing with human beings, each of whom had personal problems. Any administrator must have a knowledge of human nature and be able to judge personalities, so that individuals can be given opportunity to develop, and at the same time be fitted into positions where their peculiar qualities will help the work which is to be undertaken.

The first essential to my mind is to build a good personal relationship between yourself and your officers. This takes time and planning. It involves close personal contact and an ability to create an easy atmosphere so that discussions can be frank, problems listened to, and staff given the opportunity to reveal their abilities.

We all make mistakes. I have a vivid recollection of a meeting of district nurse inspectors for which I had not allowed sufficient time, and which was a dismal failure. From this experience I learned that



Oration at Sydney University, 1953

time and freedom from other distractions were essential if a harmonious atmosphere was to be achieved.

Personal knowledge of individual members of the staff and their problems was a tremendous asset. In my early days I found it possible to visit every district nurse at least once a year, but as the staff grew this became impossible. However, I still arranged to see the staff individually at district offices when I could not go to their individual districts. In this way I knew of the nurses' difficulties, and where a nurse might not be well suited in one district she could be moved and given an opportunity in another. This meant that though the nurses were under the control of the local medical officers of health, they had a court of appeal.

This personal contact also helped me to assess the qualities of the various members of the staff and to select nurses whom I thought would be suitable for promotion. It is essential when building up a staff to watch for suitable qualities and provide the necessary experience and opportunities.

Every person responsible for staff must remember that each individual does her work in her own way, and that although general principles must be followed freedom must be allowed to the individual to develop herself and not become blindly patterned on someone else.

As Director of the Nursing Division, my first duty lay in the staff of the Department, because it was only through this staff that the work of the Department and my own work could bring results, but in addition there was the wider responsibility of being adviser to the nursing service of the country as a whole.

In the nursing world, partly because of the old military tradition of discipline, senior officers tend to become isolated from the members of their staff. In some instances I have known matrons who saw members of their staff only by written appointment. This developed further isolation. I had learned during my visits to district nurses how nervous juniors could be of a senior member of the staff and how essential it was to create a friendly atmosphere if you were to know the individual. One or two instances of nurses coming to me for help when they were

desperate showed me the necessity to build a feeling of confidence between the profession as a whole and myself.

Then there were the matrons and their problems. Country matrons rang the Department in desperation for staff. It would have been easy to say the Department was not an employment bureau, but when assistance was given it led to close co-operation and understanding. Gradually over the years this replacement service would be a help, not only to hospital boards and matrons, but also to nurses who were looking for experience.

Personal interviews involve time, which I felt was really worth while and rewarding, but the organization of office work was necessary to enable me to be free at certain times of the day.

As the staff grew and the work extended it was necessary to share the duties so that each member would have certain responsibilities, retaining an overall view and supervision but attempting to keep a personal contact with institutions and individuals at intervals.

Serious problems, I felt, were my personal responsibility, to be dealt with to the best of my ability. If potential troubles could be dealt with in the early stages they could be prevented from developing further. If the matter had become a grave issue, it must be approached with courage, justice and human understanding.

Where an administrative officer is one of a team it is, of course, very necessary that there should be a good team spirit. The Nursing Division is only one of several divisions in the Health Department. That meant there were not only professional officers but technical and clerical officers with whom there must be co-operation.

Professional officers are apt to consider their point of view as pre-eminent, whereas both the technical and clerical aspects have much to contribute in any administrative set-up. During the greater part of my period as Director, the Department was particularly fortunate in having Dr. M. H. Watt, who as Director-General had the qualities of an excellent administrator. Many of us as it happened had a Scotch manse background and much the same point of view. We were a very happy team, with differences at times but a willingness to give and take.

Our technical and clerical officers were men and women of integrity and ability. Many with long personal knowledge of the Department and

its functions could give expert and unbiased advice. The friendship built up between the various sections meant that you were often consulted about all kinds of family problems and joys. This encouraged good relationships, and in its way helped us to develop a unified policy in our work.

Nurses in senior positions, or for that matter any individuals holding senior positions, tend to think that their judgments are infallible. To prevent oneself from becoming intolerant it is necessary to cultivate humility of spirit, to read widely and to have contact with other aspects of life so as to have a true perspective of your own work in relation to the community as a whole. With all of this an ability and opportunity to set aside the problems of the day and live a normal life in one's home and garden is of enormous help. How many times I have solved a problem either working in my own garden or walking down the hill with its beautiful view over the harbour!

Chapter XXX

INTERNATIONAL NURSING EXPANSION

BY JUNE OF 1948 I HAD COMPLETED MY THIRTY YEARS' SERVICE IN THE civil service and wrote offering to retire, but I was asked by the Public Service Commissioner whether I would remain until I had reached sixty years of age. As I realized that it was easier to hand over at the completion of a year, I agreed to remain until the end of 1949. As it happened my successor, Miss E. R. Bridges, was not well when the time of my retirement occurred and I offered to return for the month of January to hand over to her.

At this juncture I was offered a new position as one of the nurse consultants for the World Health Organisation in South-East Asia, but as this involved an appointment for a year, I felt that this should be offered to a younger woman. Furthermore, I did not wish to spend such a long time in such a climate. I was then asked to be a member of an expert nursing committee which was to be advisory to the World Health Organisation and was to meet in Geneva at the end of February 1950.

In 1949 at the International Conference of Nurses in Sweden I had been appointed to the new Florence Nightingale International Foundation Council, a body of nine individuals, seven of whom were nurses. This Council planned to hold its first meeting in London in March 1950 so it was possible for me to attend the two meetings, one following on from the other.

As it was necessary for me to remain in New Zealand until early in February, arrangements were made that I should fly to Geneva. I left New Zealand in the middle of February, going via Sydney and the Middle East. On earlier occasions when I had been out of New Zealand I travelled always through Canada and the United States and had never been in Australia, so that this journey was a new experience.

The number of people travelling on the 'plane was small on my way over. Until we reached Karachi I was the only woman with about nine men. Two of the men were very kind to me and both in their ways most amusing. One was a young Scotsman who had just become engaged to a Sydney girl who had been "Miss Australia" the year before. He was violently in love and entertained me with a huge portfolio filled with photographs of the girl, and at each port of call would ask my advice as to what he should say in the next cable. The other was a Frenchman whom I had seen having a fond farewell at the airport. However, he had a wife and two children in Paris to whom he was most attached. He was a traveller for a world organization and was accustomed to flying from Paris to South America, South Africa, Australia and the Far East. His knowledge of English was fairly perfunctory and I could not help wondering how he managed his business in a country like Australia. The whole trip was a wonderful experience. The weather was very good and there was remarkable visibility.

After three or four days in London I left for Geneva, again a lovely flight, particularly after we crossed the Jura Mountains and flew down the Lake of Geneva. The blue lake surrounded by the mountains with their snowy peaks and the quaint villages situated on the lake shore was impressive. Geneva is an extraordinary city in many ways. There is such a large international population. It is the home of I.L.O. and yet the people work sixty hours a week, even in the shops. Everything is spotlessly clean. Costs were high, and I was told that this was due partly to the number of internationals living there who paid no rates.

At this time there was no nursing section in the World Health Organisation. Miss Baggallay had been appointed nursing adviser attached to the staff division, and Miss Lyle Creelman had been attached as a nursing adviser to the division of maternity and child welfare. Shortly after this meeting took place Miss Baggallay was appointed chief of the nursing section and Miss Creelman her assistant. The organization itself had been in existence for only eighteen months and was still in a formative stage.

Next morning we all assembled at the Palais des Nations, which is the home of the World Health Organisation. The group of nurses who

were there as members of the Expert Nursing Committee were Miss Lucille Petry, U.S.A.; Miss Venny Snellman, Finland; Miss Adranvala, India; Miss Florence Udell, Great Britain; Mademoiselle David, France; Miss Gladys Peake, Chile; Miss Yvonne Hentsch, nursing adviser to L.R.C.S. In addition there were certain observers, Miss Daisy Bridges, the executive secretary to I.C.N.; Miss I. Brackett of the Rockefeller Foundation; Miss Susan Haines, I.R.O (Australian); and the nursing officers of the W.H.O., Miss Baggallay, Miss Creelman and Mrs. Chagas from Pan-American Sanitary Bureau, a Brazilian. At the last session of the W.H.O. the world shortage of nurses and the need for more nurses if the best use was to be made of the health services, had been discussed. These needs had been referred to the Executive Board of W.H.O., which had drawn up certain requests covering these two factors and put them before this first meeting of the expert committee on nursing. Their requests were brought to the committee by Dr. Brock Chisholm, the Medical Director of W.H.O., and formed the basis of our work.

It was an exceedingly busy week. We worked every day from 9 a.m. till 5.30 p.m. or 6 p.m. with an hour for lunch. In the evenings the rapporteur, Miss Petry, and Miss Baggallay and occasionally myself, summarized the work of the day into a report which was presented first thing next morning for approval before proceeding with that day's work. In this way by the Saturday afternoon the rough draft of the final report was ready to be read and approved. The draft was afterwards edited and compiled by the editorial staff and published after the approval of the next session of the W.H.O. Like all reports which had been approved, it was circulated to all governments for any action those governments might take.

This report has formed the basis of all the work carried out by the nursing section of W.H.O. since. Very many of its recommendations have been acted upon. A group of women from such entirely different countries, all with teaching and administrative experience, did not agree to the whole of this report without a certain amount of compromise. It was obvious from the beginning that whatever was published must be in very general terms because of the extremely varied conditions throughout the world, but it was extraordinary how smoothly

the work was carried out and how everyone was willing to listen to other people's opinions and to pursue what was the best for the whole.

On the last Saturday afternoon some of the Swiss nurses drove us out to a Swiss village called Lion, past the little town of Nyon. This was in the heart of the wine-growing area and this village was famous for a particular wine. We had a meal in the village auberge or inn. It consisted of hot cheese fritters served with toast and with the Lion wine served in a glass flagon with a small glass to drink from. As a memento Miss Hentsch bought little tasting glasses, on each of which was printed a bunch of grapes. We each had one to take away. The village houses were built over the huge manure heaps and to our way of thinking would be most unpleasant, but of course these manure heaps were the life of the vineyards and meant a tremendous amount to the farms.

I returned to London by air on Monday morning to begin another week of meetings of the Florence Nightingale International Council. These meetings were held at the offices of the International Council which were now situated at 19 Queen's Gate, the home of the Royal British College of Nursing. The building is a four-storied private house, filled with the most lovely mahogany furniture which belonged to Mrs. Bedford Fenwick. The room in which we held our meetings had been the drawing room.

The Council consisted of Mrs. Louise McManus, of Columbia University Teachers' College, New York, U.S.A., who was elected chairman; Miss Kathleen Russell, from the School of Nursing, Toronto University; Miss Ellen Broe, School of Nursing, Aarhus University, Denmark; Mademoiselle Duvillard, Bon Secours School of Nursing, Switzerland; Miss Snellman, and myself; Miss Yvonne Hentsch represented the L.R.C.S; Miss Gerda Höjer, president of the I.C.N.; Miss Daisy Bridges; Miss Baggallay of W.H.O., and Miss Brackett of the Rockefeller Foundation. The last four attended as *ex officio* members or observers.

This meeting lasted for four days. It was an extremely difficult meeting, partly because one or two members had very fixed opinions and were unduly influenced by the troubles of the past. It was not until the last day that compromises were reached and a report produced

which could be circulated to all member countries and have some hope of acceptance. However, a beginning was made in what has since become a most important venture in international nursing. The most important step was a decision to advertise for a director to guide the work of the Council.

I was extremely fortunate to be a member of these two bodies in their formative stages. The work had tremendous possibilities. Largely because some of the personnel were the same in the two organizations, and because there were such good working relationships between the executive nurses of W.H.O. and the executive staff of I.C.N., a close co-operation was built up. That has been of the greatest value, not only educationally, but also financially. This new Council of the I.C.N. was given a financial grant by W.H.O. during the next year to carry out one of its projects which W.H.O. felt I.C.N. was in a better position to do than it was itself.

After the meetings I had ten days before I had to leave on my return. It was the first time I had been in England since the war and I was tremendously impressed with the devastation which had been caused and how widespread it was in the city of London. Again and again in out-of-the-way places you came on a whole square or block of houses which had been either destroyed or so badly damaged that they could not be occupied.

I went one afternoon to the East End where I had worked years before, and found that where a large area of houses had been bombed, new blocks of flats had been erected. Although the parents were still the same rather stunted figures, showing evidence of rickets in childhood, the present-day babies were beautiful. Their prams were very different from the boxes on wheels which we had seen in the old days. Food was fairly expensive even on the barrows and yet was being bought, and people as a whole looked infinitely better nourished and cared for. On the other hand I was asked to tea at the home of an aristocrat in Eaton Square, and although her drawing room was filled with lovely old family pictures and silver her furniture was extremely shabby and when I left my hostess took me to the front door down a stone staircase which she said had not been recovered with carpets as they were too expensive.

I was most anxious to see my Scottish relatives, so I went to Perth by the night train for a day to find my old cousin of eighty waiting for me on the platform. From there I had a weekend in Edinburgh, again to see my relatives. Instead of coming directly back to New Zealand, I went to Melbourne for a week to stay with Miss Grey, the matron of the Royal Melbourne Hospital, who was at that time president of the Australian Nursing Federation. There had been a good deal of misunderstanding between the National Florence Nightingale Committee of Australia and the Australian Nursing Federation, largely because they had been set up as entirely different organizations and were not closely related as the similar bodies had been in New Zealand. Miss Grey had asked me if I would be prepared to address meetings in Melbourne and Sydney with the idea of trying to iron out some of these difficulties for the future. I had a very happy ten days in Melbourne and Sydney and I do think that ultimately my visit did something to help bring about the better relationship which now exists.

When I left London it was decided that a second meeting of the F.N.I.F. Council should be held at the time of the Board of Directors' meeting of the I.C.N. in the next year, in August 1951. This meant that it would be necessary for me to go back to England again. On my return home I persuaded my sister to apply for leave from her office for six months so that she could have a holiday with me, and early in 1951 we left New Zealand, this time by sea via Panama for the United Kingdom. We had a delightful holiday in England and Scotland and in between I sandwiched certain nursing activities by way of visits to various nursing organizations. I saw something of the work that was being done for old people in the geriatric unit at St. Pancras Hospital, and its association with convalescent hospitals, together with certain housing and welfare schemes both in England and in Scotland.

The principal nursing activities were the two meetings of the F.N.I.F. Council and the Board of Directors of the I.C.N., which took place in Brussels in August of that year, and a day's meeting at the Royal College of Nursing in London to discuss the expert nursing committee's report.

The meetings in Brussels were most profitable. The first was that

of the F.N.I.F. Council. We were the same members as in the previous year, with the addition of Dr. Muriel Uprichard, of Canada, who had been appointed as one of the educationists to the Council. Dr. Uprichard had written the study recommending the amalgamation of the old Foundation with the I.C.N. and the setting up of this Council.

Most of us were the guests of Mademoiselle Mechelynek, the matron of the Hospital St. Pierre, the University Hospital in Brussels. We had rooms in the nurses' home and had our breakfast there and our other meals at restaurants. The work of the Council was much smoother and more progressive. W.H.O. had given I.C.N. a grant of two thousand dollars a year for three years to carry out a study of advanced programmes of nursing education, which the I.C.N. in turn had given to the F.N.I.F. Council to undertake.

The position of director of the Council in the intervening year had been advertised and Miss Broe had been appointed. She had been given a scholarship by the Rockefeller Foundation to undertake a study in research methods in the U.S.A. She had completed this and begun duty, so the Council started off with a director actually appointed and a definite piece of work to be undertaken. On this occasion a long and complete report was adopted, laying down future goals, definite policies and the method for carrying them out. We concluded a week of meetings feeling that a great deal had been accomplished.

These international meetings are most valuable in helping to bring about better understanding and friendships, even between ex-enemies. I could not help thinking one evening when I was sitting at dinner in a restaurant at Laeken talking to the German delegate, the matron of the University Hospital at Hamburg, how important this was. She told me how our planes had bombed her hospital and how many of her patients and staff had been killed; how they had had to move patients into the chapel where the body of one of her dead nurses was lying. I in turn told her of St. Mary Abbots Hospital in Kensington which had suffered very badly in one of the blitzes: forty nurses were killed in one night. Yet we could tell each other these stories quietly and each appreciate the tragedy of them.

The highlight of the fortnight was a reception given to the Board by

the Burgomaster of Brussels at the Hotel Deville, the lovely old town hall of the city. In place of the Burgomaster we were received by the first Lady Alderman of the city who was clad in a special uniform made like the Burgomaster's, with a fitting tail coat of black satin, the lapels and cuffs embroidered in silver, a Mechlin lace ruffle, a silver and scarlet sash and a long, black trailing skirt. As she was tall and slight, with grey hair, blue eyes and a most vivacious face she was a joy to look at. Mademoiselle escorted us through the building showing us its treasures and finally was our hostess for supper. It was an evening none of us could ever forget.

I cannot emphasize too clearly the importance of national delegates attending these meetings being well briefed to present their own cases clearly and convincingly, yet at the same time to be tolerant in listening to other people's points of view and be willing to compromise where the good of the whole is involved; to keep in mind that international organisations can really deal only with general principles. It is the responsibility of national organizations to implement these general principles in the light of their own conditions. Each country must adapt these general principles to meet its own particular needs. It is not possible nor advisable to have one pattern which all must follow.

In October we returned home by sea through the Suez Canal, so I was able to meet the nursing organizations at each port of call—Perth, Adelaide, Melbourne and Sydney, and tell them of our meetings and the value which our two countries could receive from them, and that during my visit to London I had discussed with Dr. Brock Chisholm and Miss Baggallay, at the request of the Health Department and the New Zealand Registered Nurses' Association, the holding of an international nurses' study week in New Zealand. New Zealand was anxious that the World Health Organisation should sponsor this week and help by providing speakers. When Dr. Brock Chisholm was told about the New Zealand plans, he at once said he thought it was the type of study week that the World Health Organisation would be interested in and that he would write to the Western Pacific Regional Office about it. Detailed plans were submitted by New Zealand to the Western Pacific Regional Office at Manila and the result was that in March 1952 the

first international nurses' study week in the South Pacific was held at the Post-graduate School in Wellington.

The World Health Organisation sent Miss Elizabeth Hill, the Nurse-Consultant for the area, to take part in the discussions and, in addition, assisted nurses from Japan, Taiwan, Malaya and the Philippines with travelling bursaries.

A delegation of twelve nurses came from Australia. Each State was represented. Gradually over a period of the last five years a close relationship had been established with Australia, but this was the first occasion on which a definite plan of working together had been evolved.

The Nursing Division of the Health Department and the Registered Nurses' Association had done everything in their power to make the study week a success and deserved the many congratulations they received. I personally felt a great sense of pride. I realized that truly a new era of international co-operation had begun in this part of the world.

Early in this chapter I mentioned that I had persuaded my sister to accompany me to England for a holiday. She had not been out of New Zealand before and from the day we left until we returned it was a joy to watch her enthusiasm and to show her many places that I had been interested in always. My friends and our relations she had heard me speak of frequently, but now she met them and knew them for herself.

As it was the year of the Festival of Britain we had to some extent planned our time before we arrived, so as not to waste time. Our days were filled to capacity from early morning until late at night; it was truly amazing how much we crowded in of sightseeing, shows and events of interest.

The event which gave us both so much pleasure was an invitation to a garden party at Buckingham Palace. It was exciting driving down the Mall among hundreds of other people also going to the Palace. Arriving, we drove into the Courtyard and entered the Palace through the official entrance to walk across the main corridor and one of the smaller reception rooms out on to the Terrace into the Garden.

At this time the King was ill and Princess Margaret had measles, so the Royal Party included only the Queen and Princess Elizabeth, as she was then, besides the Princess Royal, the Duchess of Kent and the Countess of Harewood. It was a perfect summer day with hot, dry sunshine. There were six thousand guests, but in the spacious grounds the organization was so perfect that there was no undue crowding.

Chapter XXXI

RETIREMENT

WHEN THE TIME COMES FOR ANY INDIVIDUAL TO LAY DOWN HIS OR her active work, the future must be considered. In my younger days I had always thought it advisable to remove myself from Wellington and my close contacts with the nursing world, as I did not wish to interfere in any way with the work of my successor. When the time for retirement arrived I had my own home in Wellington which I shared with my sister, and to disturb this would have meant complete upheaval to the lives of both. I felt this was quite unnecessary, provided I had the common sense to retain the role of a senior adviser when required, but not to attempt to take any active part in what could be regarded as present administration.

My family, even my married sisters with their own homes, still regarded our home as a centre of the family, and this close bond between us all was the most important factor in my life. To keep house for my younger sister was my great pleasure, but I realized I must have other interests as well. As a younger woman I had made time for some outside interests and pleasures, even some very unproficient golf. But as time went on I had less and less time, partly because my work was so time-absorbing and partly because with a travelling life social engagements could not always be fulfilled.

Now I must apply to myself the philosophy "Age is Opportunity", a principle on which much of the work of the Old People's Council in England is based. I was soon asked to act on many committees. By the second year of my retirement I found that I was on so many committees that with my international work I had little or no spare time. It then became necessary to concentrate my efforts on those things to which I felt I could give most. I wanted to develop contact with social organizations which had some nursing background but did not impinge on the nursing world.

The Nurses' Association had asked me if I would become chairman of the Headquarters Committee of the Association, a committee which dealt with the day-to-day problems on behalf of the executive. This I was very pleased to do, as it kept me in touch. I decided, however, to resign from the National Florence Nightingale Committee, of which I had been chairman since its inception.

So far I have retained membership of the British Commonwealth and Empire Nurses' War Memorial Fund, with which I have been associated since its beginning, and of which I acted as honorary secretary while the fund was being raised.

Several boards of which I have been a member touch on the nursing profession and yet have wider interests—such as the Leper Trust Board, advisory committee of the School of Social Science of Victoria University College, the Occupational Therapy Board, the Dietitians' Board, Corso, and the executive of the Pan-Pacific Women's Association. These boards or committees, while of great interest, are impersonal, and I wanted to do something which had more social interest.

For many years I had realized that a great deal could be done to improve the conditions of institutions dealing with old people, and that the care of the aged required a new approach. In many parts of the world experiments are being tried to reduce the intake of old people into institutional life by establishing better care in their homes and by providing interests which will maintain their mental outlook. While in England in 1950 and 1951 I had seen a good deal of this type of work, and I had been a member of an Old People's Welfare Committee in the city of Wellington, which had been asked by the Government to make a survey of the services available for old people in Wellington, with suggestions for future development and improvement.

After this report and those from Auckland, Christchurch and Dunedin had been received, the Government decided to subsidize on a fifty per cent basis housing and clubs for old people undertaken by local authorities or voluntary organizations. This has led to the various churches undertaking extensive building plans, and to local authorities building special units for old people.

Apart from the important aspect of housing, club life, with its

community spirit, plays a great part in this service, particularly for those who live alone or are strangers in the community. In Wellington for many years the City Mission has as part of its work maintained a club for old people. The late Rev. Harry Squires, the City Missioner, feeling that more was required, asked me if I would help him to organize a social programme for his club. A small committee was set up and from this has grown a very active organization which provides social events, such as teas and drives and occupational items such as handcrafts, a choir, talks on current events, and games. Even in this work it is necessary to remember the principles of administration, in that the people who are served must be consulted and included. Old people are, in a sense, like children. One must never promise what cannot be done. This type of work has its discouraging moments of course, as well as its encouraging ones. The scope is limited, but it is amazing what can be accomplished, and the happiness achieved by old people is tremendously rewarding.

Retirement gives time for many personal contacts with old friends and sick friends, for intellectual pursuits in the way of lectures and exhibitions which one had not time to go to, and time for reading as not before.

For the first four years of my retirement I have had the greatest interest and pleasure in being associated with the work of the World Health Organisation as one of the panel of nursing advisers for this area of the world, and with the International Council of Nurses as first vice-president. My period of office in this last capacity and as a member of the Florence Nightingale International Foundation Council ended in 1953, and although I was asked to stand again, I considered that this was inadvisable, first, because I am not actively engaged in nursing organization, and, secondly, it would involve a great deal of travelling by air, which I have been advised medically not to undertake.

However, as New Zealand is now having many international nursing students taking courses in the Post-graduate School and in our general hospitals, I still have the opportunity of entertaining many of these nurses in my own home, where I have the privilege of getting to know them personally and being able to help them with minor personal

The author with Miss D. C. Bridges, C.B.E., Wellington, 1955

advice. In this way my sister and I feel that in a small measure we can help with the establishment of good relationships between New Zealand and the many Eastern countries which are represented by these students.

All these interests have meant that I have been a fortunate woman, in that while I have the great pleasure of my home and family, at the same time I have been able to carry over much of the interest which my former active life created.

The nurses of New Zealand paid me great honour at the time of my retirement in January 1950. His Majesty, King George VI, bestowed on me the honour of C.B.E., which I understand had been asked for by the New Zealand Registered Nurses' Association. In addition, at the Annual Conference of the Association following my retirement, I received a gift of a most generous cheque which was in addition to the many other beautiful presents I had received from the Department of Health, the Hospital Boards' Association and various other groups. I deeply appreciated all these expressions of love and esteem and have been uplifted in the knowledge that anything I have been able to do was so much appreciated.

At various times since my retirement I have visited many parts of New Zealand to talk to Branches of the Association about international work or other topics. The Branches have entertained me generously and it has been a pleasure to see many of my old friends as well as the younger members of the profession. Perhaps I am now able to take a more detached view of many problems, so I can still contribute something to their deliberations.

Nurses have wonderful opportunities for friendship, that quality which so enriches our lives and which inspires us all to give of our best to our country.

I realize that as age increases, many of my present activities will slow down, but I have a rich library of memories to look back upon, among the most valued of which are the hosts of true friends I have made in many parts of the world and the value of their friendship.

This story has been written at the insistence of the nurses of this country, and I hope that by writing it I have returned to the profession something of that which it has given me, and that I have contributed to the nursing history of New Zealand.

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